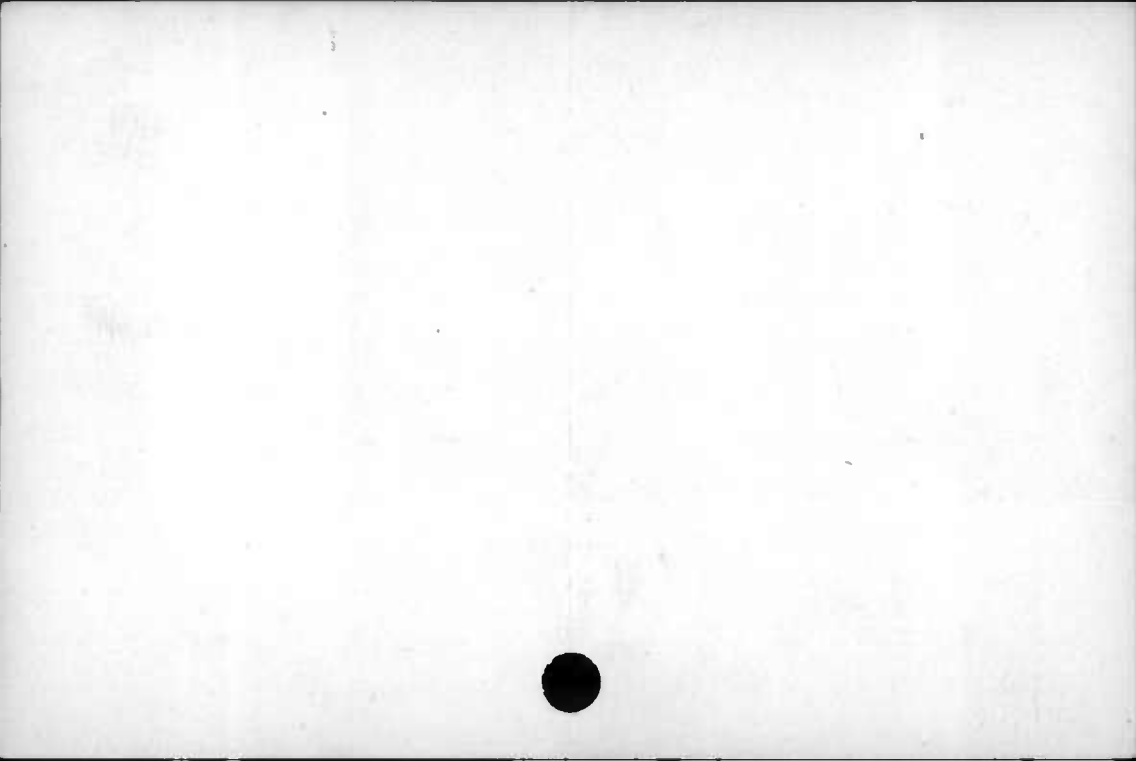


Name in Full		Lucille Askins				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Skipton <small>Town</small>		Talbot <small>County</small>		MARYLAND	
	Date of death	1907	Aug. <small>Month</small>	19 <small>Day</small>	Age	4 <small>Years</small>	19 <small>Months</small>
	Sex	Female		Color or Race	Black		Birth-place
	Occupation	X		Where Residing if not at place of death		X	
	Married, Single or Widowed	Single		Name of Wife or Husband		X	
	Father's Name	Joshua Askins				Father's Birthplace	Md.
	Mother's Maiden Name	Lucie Goldbrough				Mother's Birthplace	Rid.
Name of person giving information	Joshua Askins				How related to deceased	Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	X				How long	X
	Immediate	Gastro-Enteritis				How long	1 week
	Are the name, age, sex, color, date and place correctly given above?	They are				Signature of Physician	Chas. H. Rose
						Address	Cordova, Md.
	Accident or Suicide?	X					

105



Name
in
Full

Nettie Bailey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Easton ^{Town} Talbot ^{County} MARYLAND

Date of death 1907 ^{Month} Aug ^{Day} 2 ^{Years} 17 ^{Months} 6 ^{Days} 1

Sex Female Color or Race Black Birth-place Talbot Co

Occupation Housekeeper Where Residing if not at place of death Easton

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Richard Bailey Father's Birthplace Talbot Co

Mother's Maiden Name Isabella Lombard Mother's Birthplace Delaware

Name of person giving information Richd Bailey How related to deceased Father

CAUSES OF DEATH

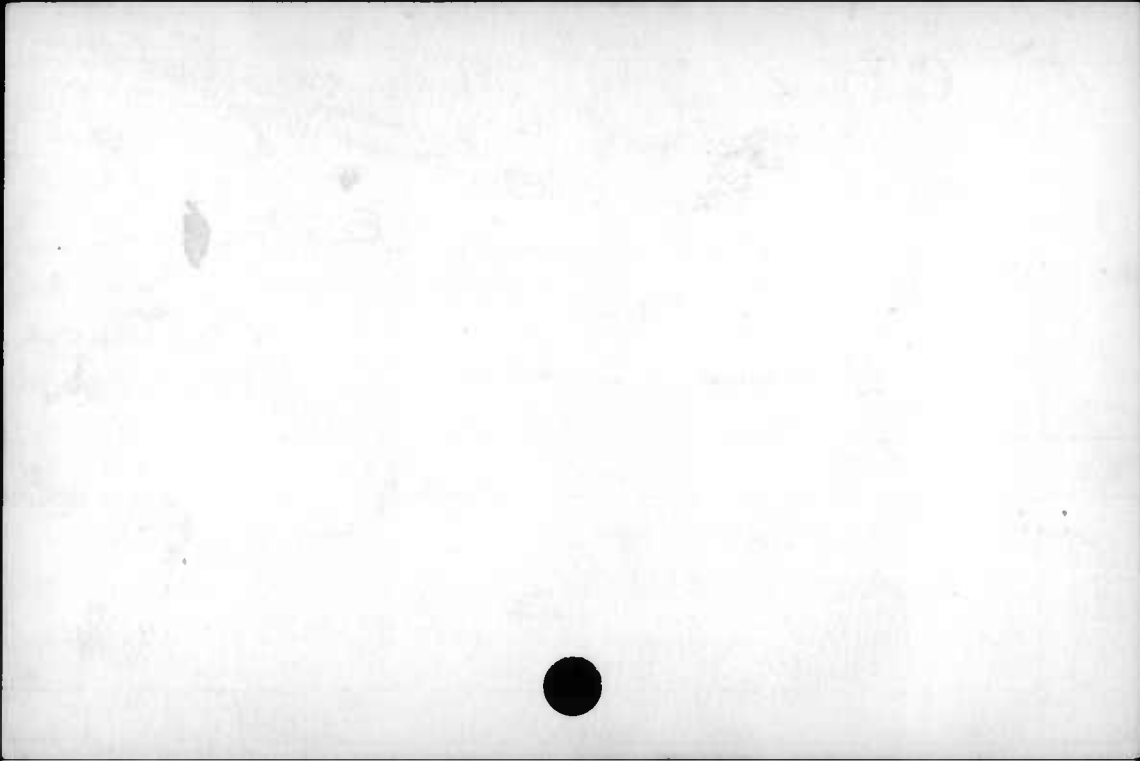
PHYSICIAN
OR CORONERPrimary Typhoid feverImmediate HemorrhageAre the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

How long 24 days
How long few hrsChas. J. Anderson
Easton, Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

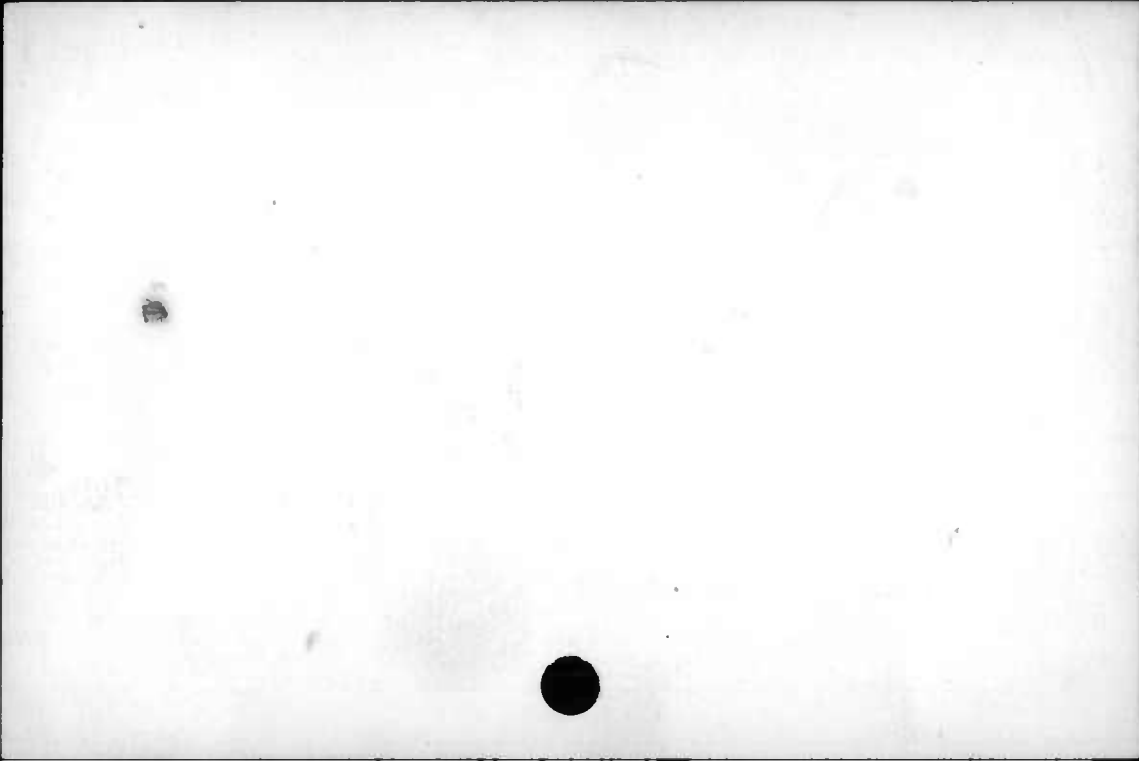
Died at Easton <small>Town</small>		Talbot <small>County</small>		MARYLAND	
Date of death 1907		Aug. 2 <small>Month</small>	Friday <small>Day</small>	63 <small>Years</small>	8 <small>Months</small>
Male <small>Sex</small>		white <small>Color or Race</small>		Easton Md. <small>Birth-place</small>	
Physician <small>Occupation</small>		Easton Md. <small>Where Residing if not at place of death</small>			
Married <small>Married, Single or Widowed</small>		Elizabeth Touch Bateman <small>Name of Wife or Husband</small>			
Henry E. Bateman <small>Father's Name</small>		Baltimore <small>Father's Birthplace</small>			
Arianna Hopkins <small>Mother's Maiden Name</small>		McDaniel Md <small>Mother's Birthplace</small>			
Henry E. Bateman <small>Name of person giving information</small>		son <small>How related to deceased</small>			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Endocarditis & nephritis <small>Primary</small>		2 <small>How long</small>
acute dilatation of heart <small>Immediate</small>		— <small>How long</small>
yes <small>Are the name, age, sex, color, date and place correctly given above?</small>		W. Hayward <small>Signature of Physician</small>
no		Easton <small>Address</small>
no <small>Accident or Suicide?</small>		Md.



Name
in
Full

Thomas H Breeze

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Easton Town Talbot County MARYLAND

Date of death 1909 Aug 9 Age 68 Months 2 Days 4

Sex Male Color or Race Black Birth-place Talbot Co

Occupation Laborer Where Residing if not at place of death _____

Married, Single or Widowed Married Name of Wife or Husband Lydia Breeze

Father's Name don't know Father's Birthplace _____

Mother's Maiden Name _____ Mother's Birthplace _____

Name of person giving information Lydia Breeze How related to deceased Wife

CAUSES OF DEATH

(81)

PHYSICIAN
OR CORONER

Primary Atherosclerosis Arteries How long Several years

Immediate Embolus How long Immediate

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician P. L. Dover

Address Easton Md.

Accident or Suicide? _____

3 o'clock Sunday - Richelieu

Name
in
Full

Geo H Brooks

CERTIFICATE OF DEATH

Died at		Town Easton		County Talbot		MARYLAND	
Date of death	1907	Month Aug	Day 15	Age	Years	Months	Days
Sex	Male		Color or Race	Black		Birth- place	Talbot Co
Occupation	Laborer			Where Residing if not at place of death		Baeto	
Married, Single or Widowed	Married		Name of Wife Wife	Julia Brooks			
Father's Name	Levin Brooks				Father's Birthplace	Talbot Co	
Mother's Maiden Name	Mary Thomas				Mother's Birthplace	" "	
Name of person giving information	Mary Brooks				How related to deceased	Mother	

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

27

Primary	Tuberculosis of lungs	How long	5 yrs
Immediate		How long	

Are the name, age, sex, color, date
and place correctly given above?

yes

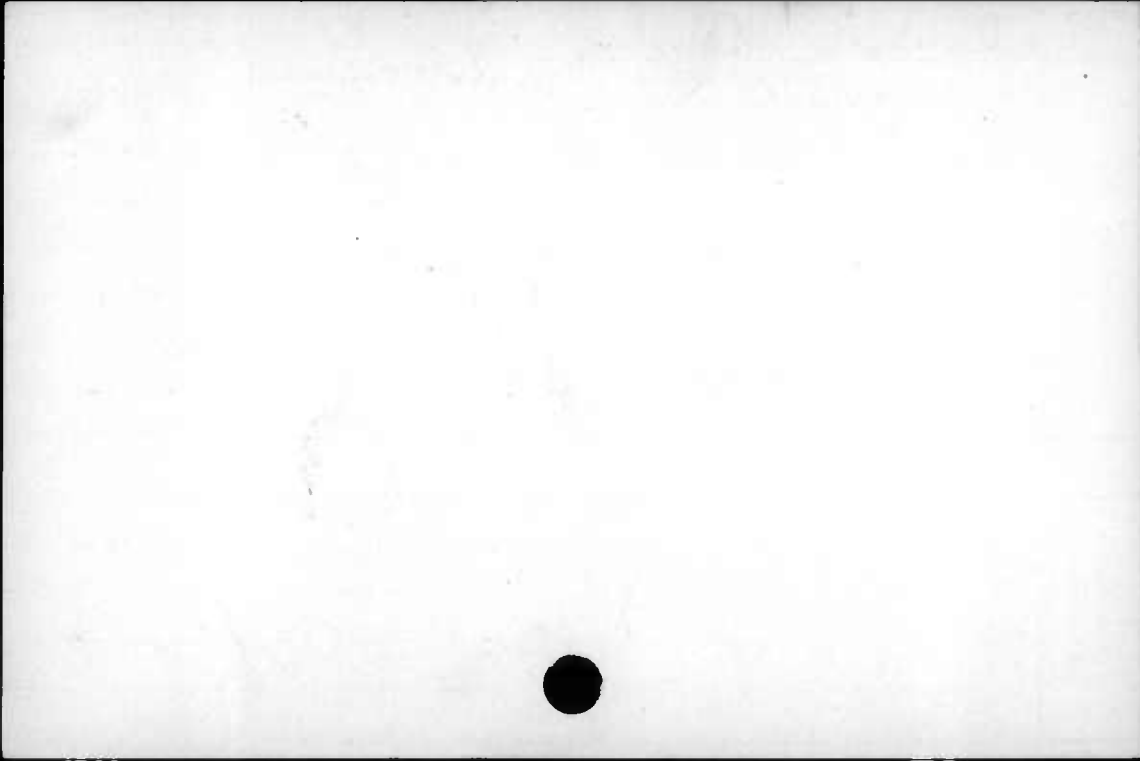
Signature of
Physician

Address

W J Hayward
Easton

Accident or Suicide?

no



Name
in
Full

Susan A. Brommell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hearts</u> ^{Town}		<u>Talbot</u> ^{County}		MARYLAND	
Date of death <u>1907</u> ^{Month} <u>Aug</u> ^{Day} <u>19</u>		Age <u>78</u> ^{Years}		Months <u>7</u> Days <u>12</u>	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Talbot Co.</u>	
Occupation <u>Housewife</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Widowed</u>		Name of Wife or Husband <u>Robert Brommell</u>			
Father's Name <u>Richard Cooper</u>		Father's Birthplace <u>Ind.</u>			
Mother's Maiden Name <u>Elortha Serrell</u>		Mother's Birthplace <u>Ind.</u>			
Name of person giving information <u>Carrie Jones</u>		How related to deceased <u>Son-in-law</u>			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<u>Heart-Failure</u>	How long	<u>—</u>
Immediate	<u>Heart-Failure</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Dr. J. B. Seltz</u>	
		Address <u>1818 Michael</u>	
Accident or Suicide?		<u>No</u>	



Name
in
Full

Mary Bryan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

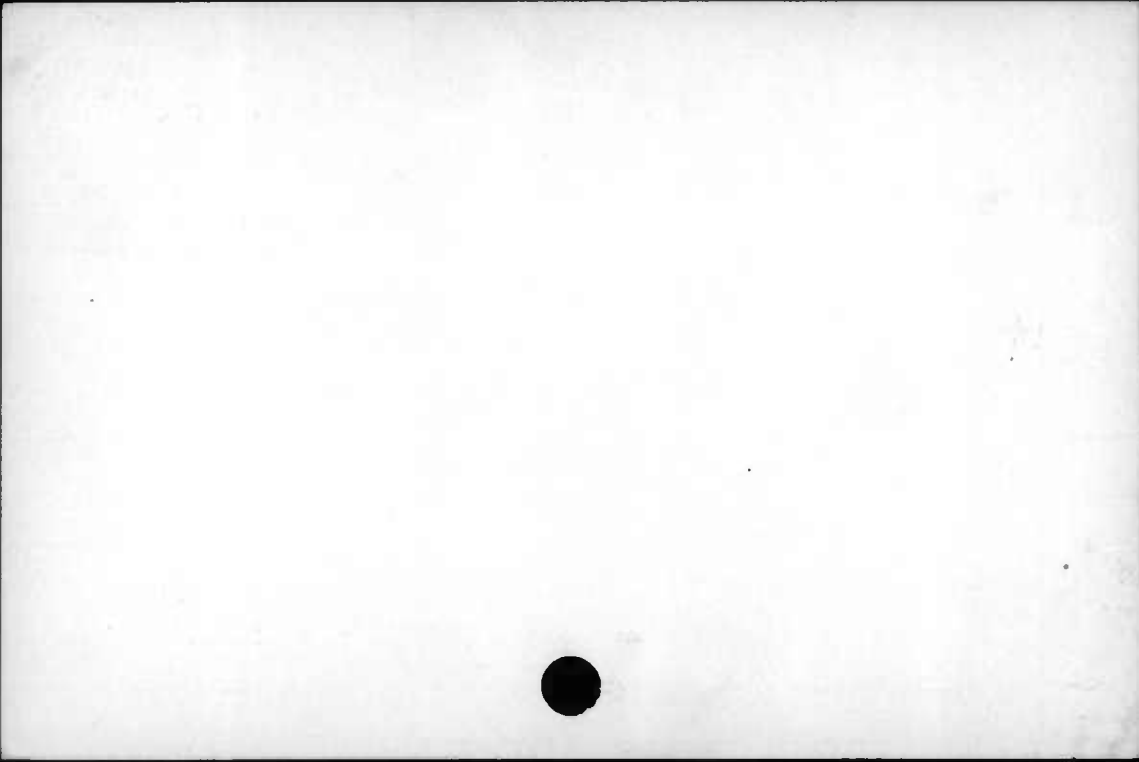
Died near <i>Traffer</i>		County <i>Talbot</i>		MARYLAND	
Date of death	1907	Month	8	Day	23
Sex	Female	Color or Race	Negro-	Years	22
Occupation	Servant	Birth-place	Talbot Co Md	Months	
Married, Single or Widowed	Single	Where Residing if not at place of death			
Father's Name	Don't know	Father's Birthplace			
Mother's Maiden Name	Ella Bryan	Mother's Birthplace	Talbot Co Md		
Name of person giving information	Wile Logan	How related to deceased	Aunt-		

CAUSES OF DEATH

11/38

PHYSICIAN
OR CORONER

Primary	Confinement	How long	4 hours-
Immediate	Eclampsia	How long	12 hours-
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Joseph A. Ross Jr
		Address	Traffer, Md
Accident or Suicide?			



Name
in
Full

Edwin Chase

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Easton</i> <small>Town</small>		<i>Talbot</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	Month <i>Aug</i>	Day <i>23</i>	Age <i>0</i>	Months <i>0</i>	Days <i>0</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Md</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>X</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>X</i>			
Father's Name <i>P.</i>		<i>(S)</i>		Father's Birthplace	
Mother's Maiden Name <i>Clémentine Chase</i>				Mother's Birthplace <i>Md</i>	
Name of person giving Information <i>Georgiana Williams</i>				How related to deceased <i>Midwife</i>	

Reported the ~~death~~ *Still Born* CAUSE OF DEATH *to me*PHYSICIAN
OR CORONER

Primary <i>Still Born</i>	<i>(S)</i>	How long
Immediate <i>4</i> <i>4</i>		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. R. Triple</i>	
	Address <i>Easton</i>	
	<i>Md</i>	
Accident or Suicide?		



Name
in
Full

Louise Chase

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Easton</u> ^{Town}		<u>Falbert</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	Month <u>Aug</u>	Day <u>23</u>	Age <u>0</u>	Months <u>0</u>	Days <u>0</u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Easton Md</u>			
Occupation <u>None</u>		Where Residing if not at place of death <u>X</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>X</u>				
Father's Name <u>B-</u>	(S)			Father's Birthplace	
Mother's Maiden Name <u>Clummitine Chase</u>				Mother's Birthplace <u>Md</u>	
Name of person giving Information <u>Benjamin William</u>				How related to deceased <u>Medwife</u>	

Reported the date of birth to me

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Still Born</u>	(S)	How long
Immediate <u>1c</u> <u>u</u>	(S)	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>E. R. Triple</u>	
	Address <u>Easton</u>	
Accident or Suicide?	<u>Md</u>	



Name
in
Full

Calvin Wightman Couper

CERTIFICATE OF DEATH

MARYLAND

Died at

Eustis Town

County

Tulhal

Date

of death 190

Month

7 Aug

Day

12

Age

Years

20

Months

0

Days

23

Sex

Male

Color or
Race

White

Birth-
place

Eustis

Occupation

Where Residing If not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Francis W. Couper

Father's
Birthplace

O.A. Co., Md

Mother's
Maiden Name

Cora S. Couper

Mother's
Birthplace

Tulhal Co., V

Name of person giving
In formation

F. W. Couper

How related
to deceased

Father

CAUSES OF DEATH

Primary

Enter Colitis

How long

3 weeks

Immediate

Heart Failure

How long

48 hours

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

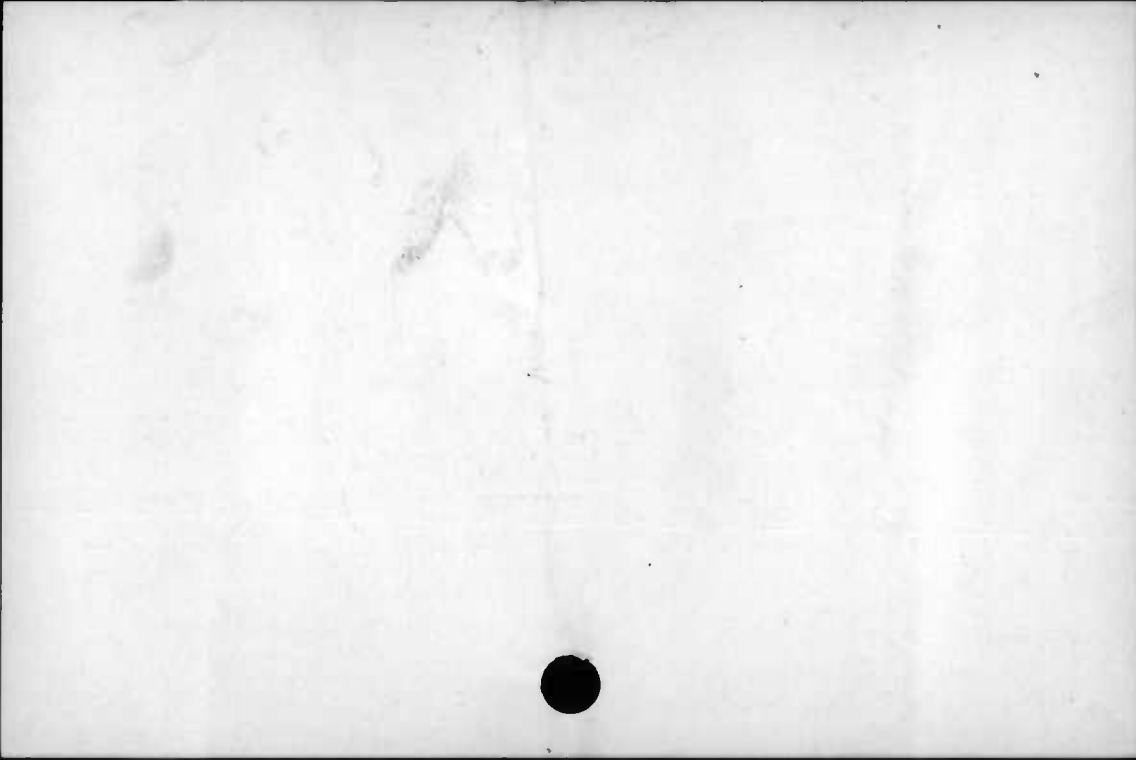
Address

F. B. Harris

Eustis Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

John Davidson

CERTIFICATE OF DEATH

Town

Died at Easton

County

Talbot

MARYLAND

Date

of death 1907 Aug

Month

Day

21

Age

Years

Months

Days

Sex

Male

Color or
Race

Black

Birth-
place

Easton

Occupation

-

Where Residing if not
at place of death

Easton

Married, Single
or Widowed

Single

Name of Wife or
Husband

-

Father's
Name

David Davidson

Father's
Birthplace

Easton

Mother's
Maiden Name

Henrietta Silghman

Mother's
Birthplace

Easton

Name of person giving
In formation

Henrietta Davidson

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Summer Complaint

How long

8 mo

Immediate

How long

3 mo

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

John B Fairbank

Address

Sub. Register

Child had just been
brought here from a Baltimore
Accident or Suicide?Hospital and had been cold in child
lived but one dayTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Stephen Demby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

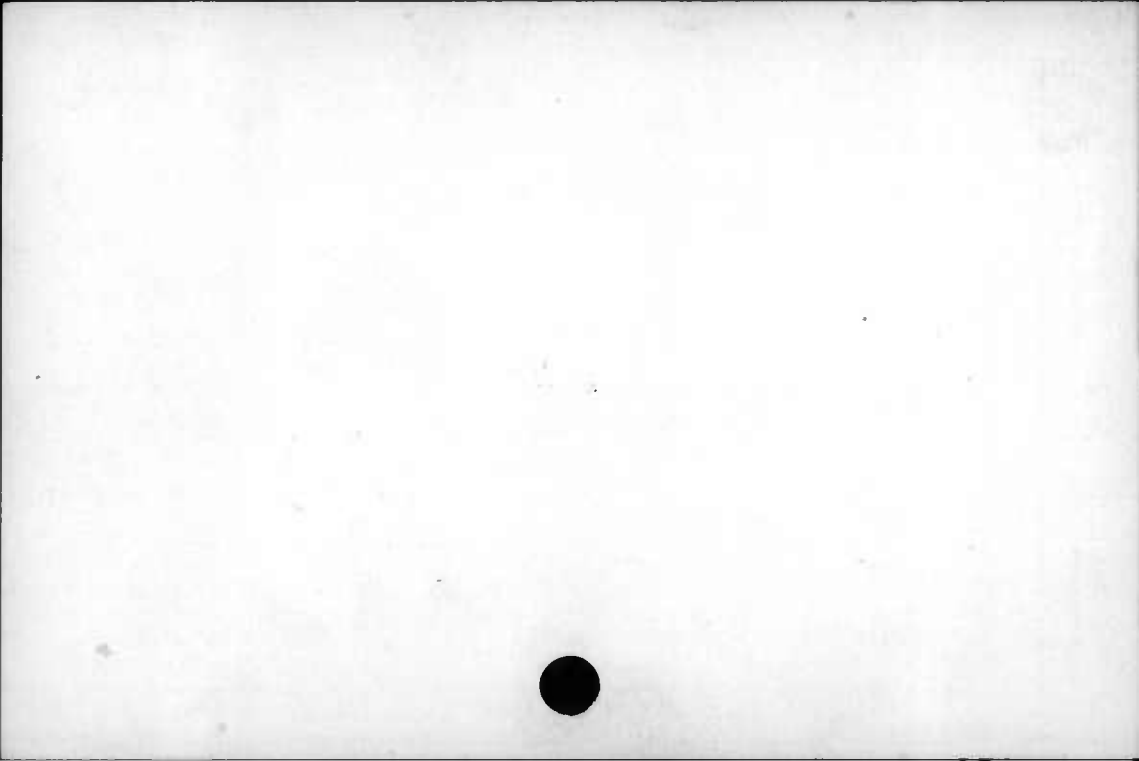
Died near <i>Troop</i>		Town <i>Troop</i>		County <i>Talbot</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>8.</i>	Day <i>28.</i>	Age <i>60</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>Negro</i>		Birthplace <i>Talbot Co. Md</i>				
Occupation <i>Servant</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Frances E. Banks</i>						
Father's Name <i>Jerry Demby</i>	Father's Birthplace <i>Talbot Co. Md</i>						
Mother's Maiden Name <i>Dolly Holland</i>	Mother's Birthplace <i>Talbot Co. Md</i>						
Name of person giving information <i>James Cooper</i>	How related to deceased <i>Brother-in-law</i>						

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Nephritis - Gastritis</i>	How long <i>11 weeks -</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Joseph A. Ross M.D.</i>
<i>Yes</i>	Address <i>Troop Talbot Co. Md</i>
Accident or Suicide?	



Name in Full		Sarab Newman Denny				CERTIFICATE OF DEATH	
Died at		Town	County		MARYLAND		
Ferry neck.		Palbot					
Date of death	1907	Month	Aug	Day	23	Years	71
Sex	Female	Color or Race	White		Birth-place	Baltimore	
Occupation	Domestic		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband Eugene Denny				
Father's Name	Thomas Newman				Father's Birthplace	Baltimore Md	
Mother's Maiden Name	Mary Hall				Mother's Birthplace	Baltimore Md	
Name of person giving information	E L Denny				How related to deceased	Son	
CAUSES OF DEATH							
Primary Acute Indigestion					How long 24 hrs		
Immediate Heart failure - Fatty heart					How long Dont Know		
Are the name, age, sex, color, date and place correctly given above?			Yes		Signature of Physician Saml B. Trippe		
					Address Royal Oak, Md		
Accident or Suicide?			—				

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

104

Mr. Frank Cook

901 Quilten Lane
Car - front right wheel

Kelly's Hill
No. 1000 S. 1st / May 1900

Name
in
Full

CERTIFICATE OF DEATH

Norman T. Byott

Town

County

Died at

Easton

Zalbot

MARYLAND

Date

of death 190

Month

8

Day

1

Age

Years

0

Months

5

Days

21

Sex

male

Color or
Race

white

Birth-
place

Zalbot

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Edward Byott

Father's
Birthplace

Zalbot

Mother's
Maiden Name

May Page

Mother's
Birthplace

Zalbot

Name of person giving
In formation

Edward Byott

How related
to deceased

Father

CAUSES OF DEATH

105

Primary

Cholera infantum

How long

one week

Immediate

toemia

How long

24 hrs

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

D. S. Doolson

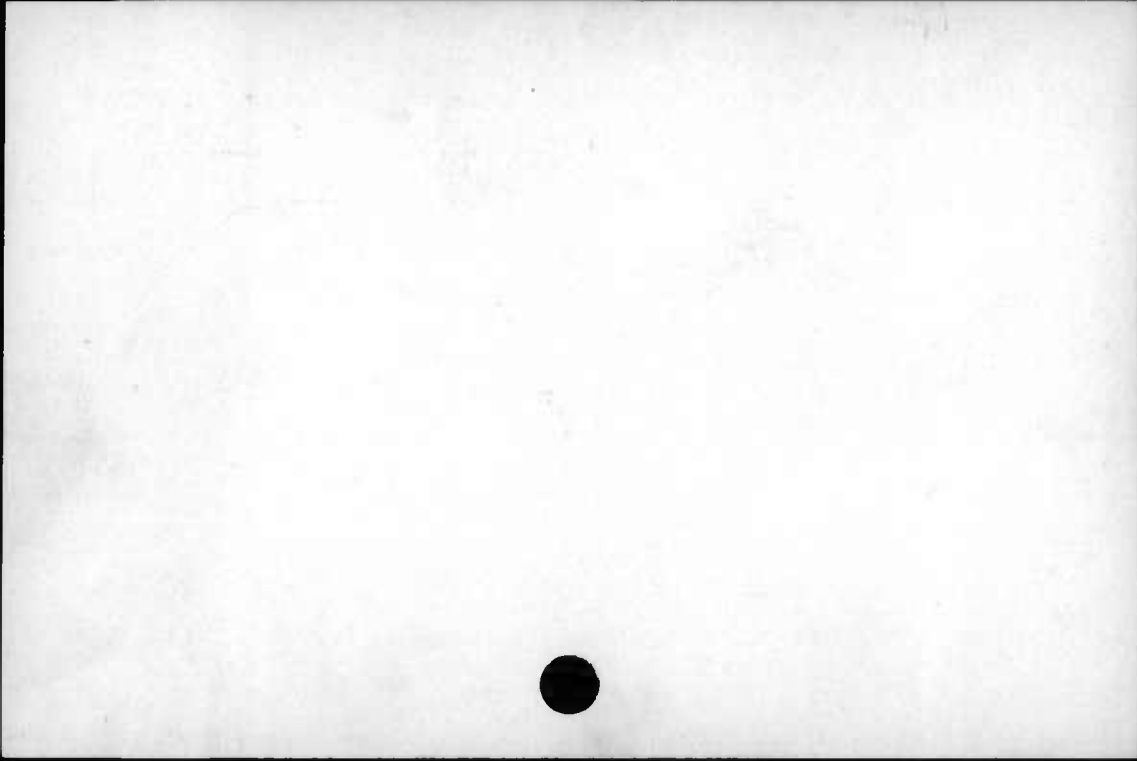
Address

Easton

Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
In
Full

Henrietta Ellis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>McDaniel</i> Town		<i>Talbot</i> County		MARYLAND	
Date of death	1907	Month	Aug.	Day	21
Sex	Female	Color or Race	Black	Age	61
Occupation	Home wife		Birth-place	<i>Talbot County</i>	
Where Residing if not at place of death	<i>McDaniel</i>				
Married, Single or Widowed	<i>Widow</i>		Name of Wife or Husband	<i>Frank Ellis</i>	
Father's Name	<i>Martin Wells</i>			Father's Birthplace	<i>Talbot Co</i>
Mother's Maiden Name	<i>Mary J. Jackson</i>			Mother's Birthplace	<i>Talbot Co</i>
Name of person giving information	<i>Mary E. Clayton</i>			How related to deceased	<i>Daughter</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid fever</i>	How long	<i>6 weeks</i>
Immediate	<i>Intestinal perforation</i>	How long	<i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>		
Signature of Physician	<i>H. E. Zipp</i>		
Address	<i>St. Michaels</i>		
Accident or Suicide?			



Name in Full		Certificate of Death			
Jesse Vance Ford		Tilghman		Talbot	
Died at		Talbot		Maryland	
Date of death		1907	Aug	3	Age
Sex		Male	Color or Race	White	Birthplace
Occupation		Tilghman		Where Residing if not at place of death	
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace	
Father's Name		Chas Augustus Ford		Somerset Co	
Mother's Maiden Name		Edith Estelle Ford		Mother's Birthplace	
Name of person giving information		Chas. Augustus Ford		How related to deceased	
CAUSES OF DEATH		105			
Primary		Ichtherus		How long	
Immediate		Gastro Enteric - Colic		How long	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	
Accident or Suicide?		no		Address	
		Tilghman		Md	



Name
in
Full

CERTIFICATE OF DEATH

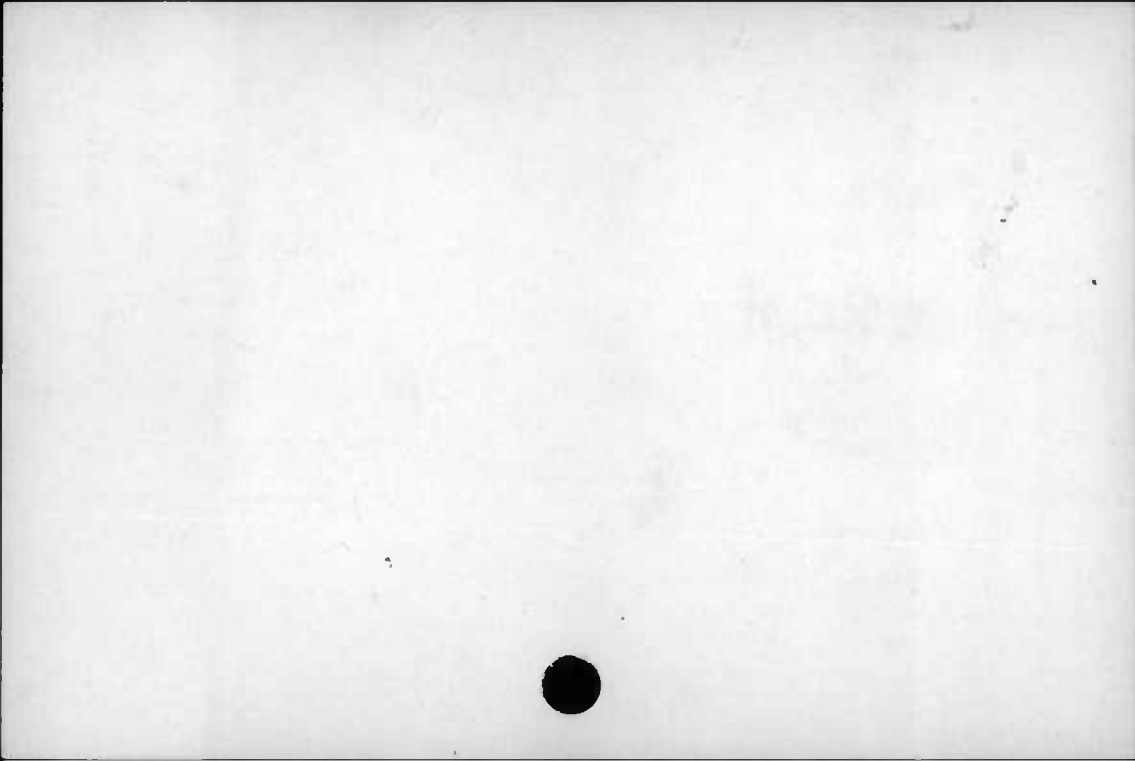
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Easton</u> Town		<u>Talbot</u> County		MARYLAND	
Date of death <u>1907</u> Month <u>Aug</u> Day <u>31</u> Age <u>38</u> Years		Months <u>1</u> Days <u>22</u>			
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>N. York, N. Y.</u>		
Occupation <u>House</u>	Where Residing if not at place of death <u>Longwood, Md</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Wm S. George</u>				
Father's Name <u>Alba Ramsey</u>	Father's Birthplace <u>New York</u>				
Mother's Maiden Name <u>Betsy Briggs</u>	Mother's Birthplace <u>N. Y.</u>				
Name of person giving information <u>W. S. George</u>		How related to deceased <u>Husband</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cancer of Omentum</u>	How long <u>45</u>	How long <u>6 m</u>
Immediate <u>Laboratory - Shock</u>	How long <u>2 y</u>	How long <u>hms</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>[Signature]</u>	
	Address <u>Easton Md</u>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Willoughby</i> ^{Town}		<i>Zalbot</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>8</i>	Day <i>13</i>	Years <i>25</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>			Birth-place <i>Dumigan Co Md</i>	
Occupation <i>House work</i>	Where Residing if not at place of death <i>Willoughby</i>				
<i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>George Green</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Susan Green</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving Information <i>John E Clayton</i>	How related to deceased <i>Cousin</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>8 months</i>
Immediate <i>Heart Failure</i>	How long <i>From death</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. W. Slack M.D.</i>
<i>Yes</i>	Address <i>Wye Mills. Md.</i>
Accident or Suicide? <i>No</i>	

Name
in
Full

Anna Rutha Hambleton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

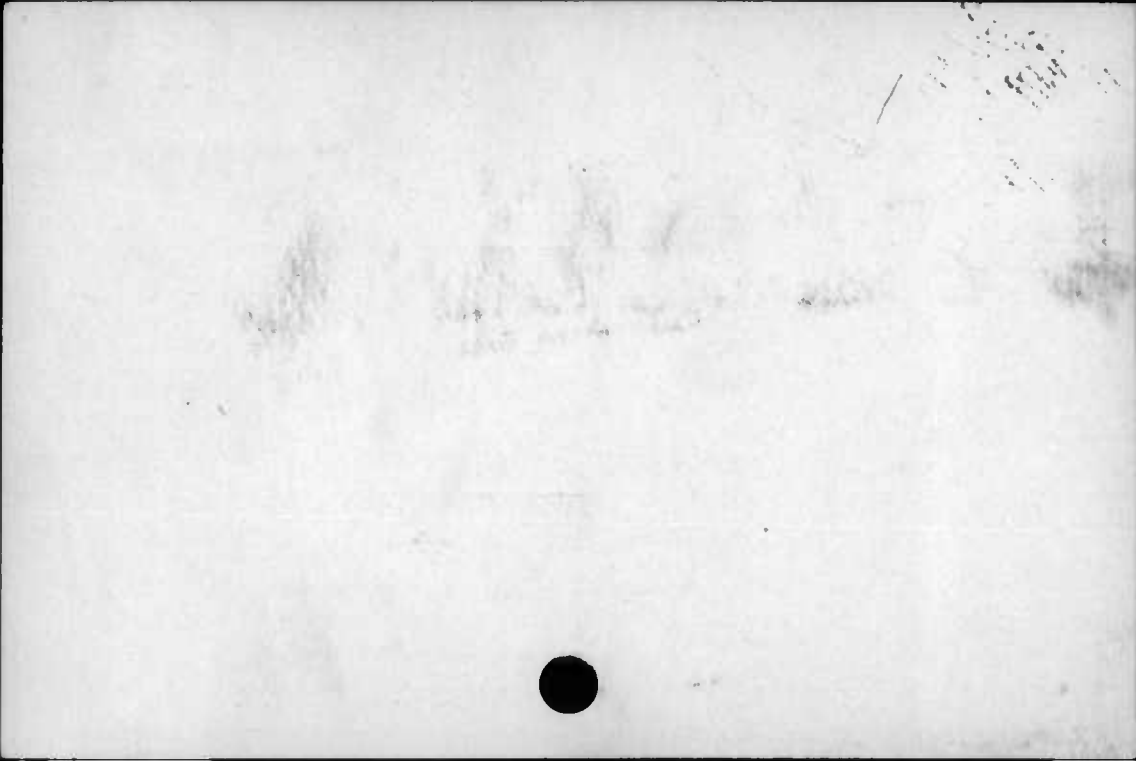
Died at <i>Ray's Point St Michaels Talbot Co.</i>		Town, <i>St Michaels</i>		County <i>Talbot</i>		MARYLAND	
Date of death <i>1907 Aug 4</i>		Month <i>Aug</i>		Day <i>4</i>		Years <i>65</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Talbot Co Md</i>		Months <i>—</i>	
Occupation <i>Domestic Worker</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Alexander Hambleton</i>					
Father's Name <i>Thomas Wells</i>		Father's Birthplace <i>Talbot Co Md</i>					
Mother's Maiden Name <i>Anna Hambleton</i>		Mother's Birthplace <i>Balto</i>					
Name of person giving information <i>Alexander Hambleton</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

45

PHYSICIAN
OR CORONER

Primary <i>Carcinoma</i>	How long <i>3 years</i>
Immediate <i>General Asthenia</i>	How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. E. Zipp</i>
	Address <i>St. Michaels Md.</i>
Accident or Suicide?	



Name
in
Full

Susan Elizabeth Harden

CERTIFICATE OF DEATH

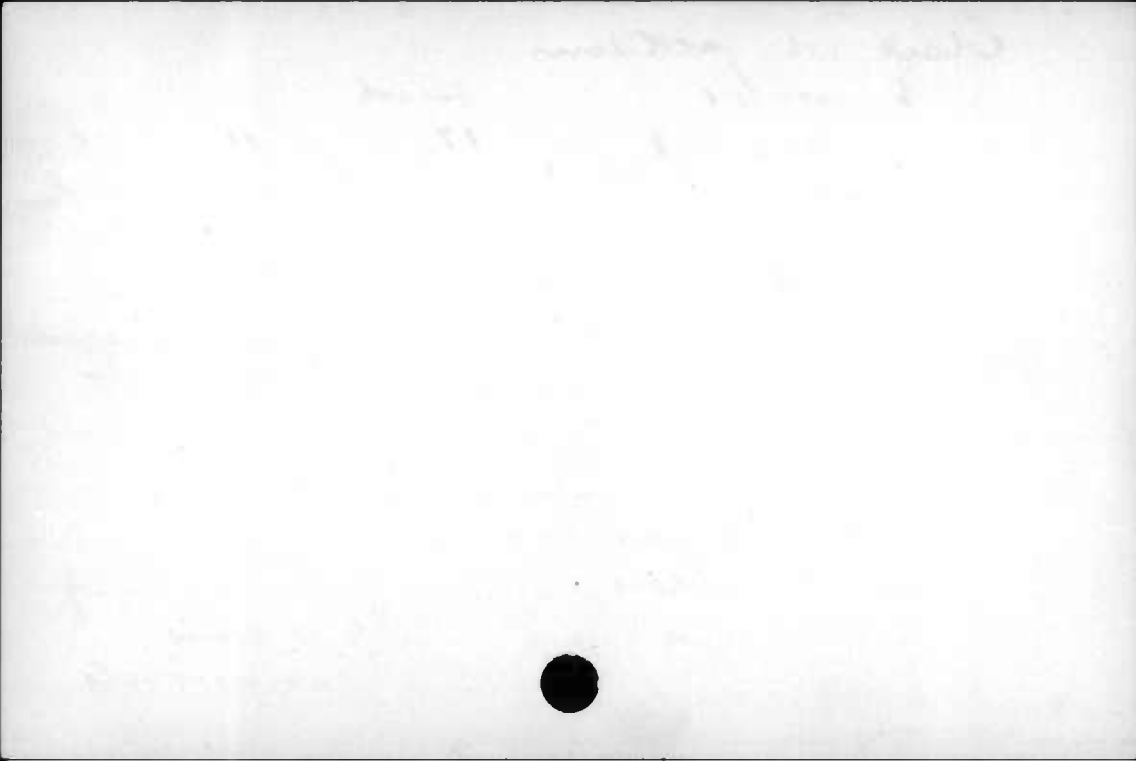
TO BE ANSWERED BY
NEAREST FRIEND

Died near <u>Easton</u> ^{Town}		<u>Palbot</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	Month <u>8</u>	Day <u>3</u>	Age <u>1</u>	Months <u>1</u>	Days <u>6</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Palbot Co, Md</u>		
Occupation <u>none</u>			Where Residing if not at place of death <u>_____</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>_____</u>			
Father's Name <u>George A. H. Harden</u>			Father's Birthplace <u>Palbot Co Md</u>		
Mother's Maiden Name <u>Hattie P. Powers</u>			Mother's Birthplace <u>Palbot Co Md</u>		
Name of person giving information <u>Geo A. Harden</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Enterocolitis</u>	How long <u>5 weeks</u>
Immediate <u>Exhaustion</u>	How long <u>_____</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Joseph A. Rose, M.D.</u>
<u>Yes</u>	Address <u>Palpot Co, Md</u>
Accident or Suicide? <u>_____</u>	



Name
in
Full

Elsie M Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Michaels</i>		Town <i>St Michaels</i>		County <i>Talbot</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Aug</i>	Day <i>1</i>	Age <i>17</i>	Years	Months <i>11</i>	Days <i>24</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>St Michaels</i>				
Occupation <i>none</i>			Where Residing if not at place of death <i>St Michaels</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife Husband <i>R E Emmitt Jackson</i>						
Father's Name <i>James E. Kirby</i>	Father's Birthplace <i>St Michaels</i>						
Mother's Maiden Name <i>Emmeline J. Booker</i>	Mother's Birthplace <i>" "</i>						
Name of person giving information <i>R E Emmitt Jackson</i>			How related to deceased <i>husband</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Heart disease - valvular</i>	How long
Immediate <i>heart failure</i>	How long <i>immediately</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. C. Morris</i>
	Address <i>St Michaels</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

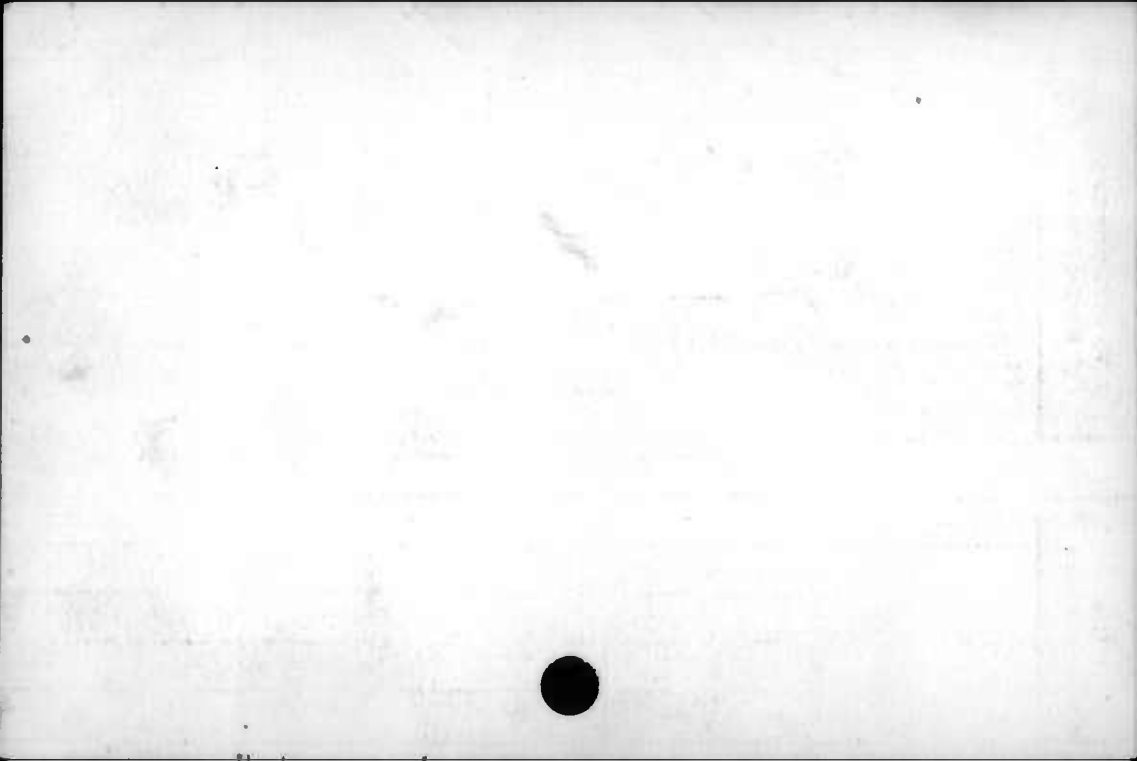
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Euston</u> Town		<u>Intervet</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>Aug</u>	Day <u>7</u>	Age <u>—</u>	Years <u>—</u>	Months <u>7</u> Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Blk</u>		Birth-place <u>Euston</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Thomas Jenkins</u>			Father's Birthplace <u>MD</u>		
Mother's Maiden Name <u>Irene Green</u>			Mother's Birthplace <u>MD</u>		
Name of person giving information <u>Thos Jenkins</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Died Suddenly but had been very delicate all its life</u>	<u>157</u> How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>[Signature]</u>	
	Address <u>[Signature]</u>	
Accident or Suicide?		



Name
in
Full

Bessie Price Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *St. Michaels* ^{Town} *Talbot.* ^{County}Date of death *1907* ^{Month} *Aug* ^{Day} *19* ^{Years} *16* ^{Months} *10* ^{Days} *25*Sex *female* Color or Race *White* Birth-place *Talbot co*Occupation *House work* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Elmer Jones*Father's Name *Tom Price* Father's Birthplace *Maryland*Mother's Maiden Name *Kate Todd* Mother's Birthplace *Maryland*Name of person giving information *Elmer Jones* How related to deceased *Husband*

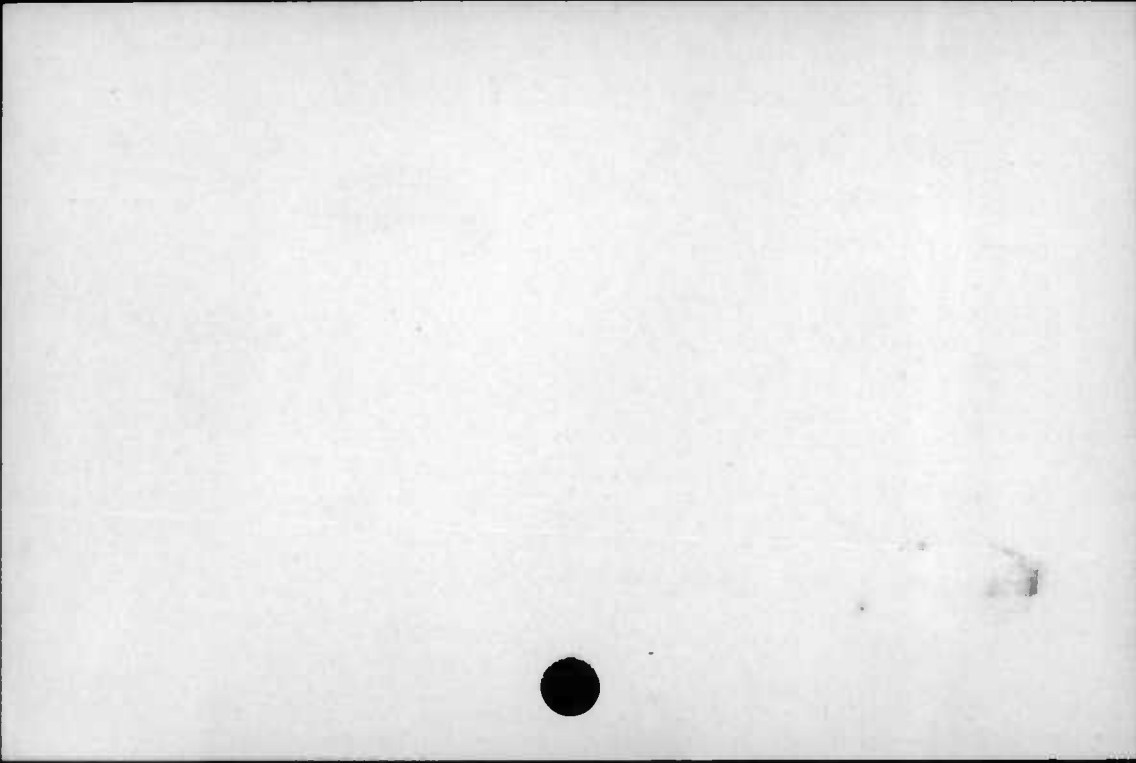
CAUSES OF DEATH

Primary *Typhoid Fever* ^{How long} *4 weeks*Immediate *Hemorrhage* ^{How long} *36 hours*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *H. E. [Signature]*Address *St. Michaels Md.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

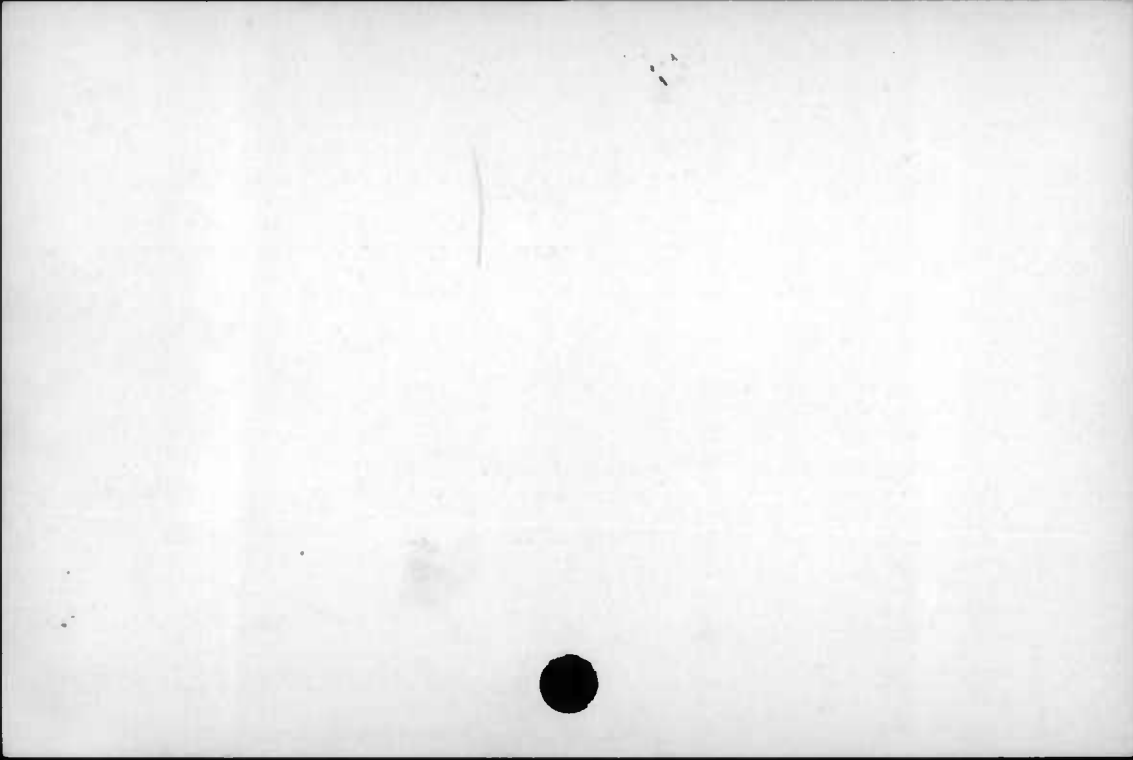
Name in Full <i>Margaret Catharine Jones</i>		Town <i>H. Michards</i>		County <i>Tolbot Co</i>		MARYLAND	
Died at <i>H. Michards</i>		Month <i>Aug</i>		Day <i>22</i>		Age <i>1</i>	
Date of death <i>1907</i>		Month <i>Aug</i>		Day <i>22</i>		Age <i>1</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Tolbot Co.</i>		Days <i>10 days</i>	
Occupation <i>Child</i>		Where Residing if not at place of death —		—		—	
Married, Single or Widowed —		Name of Wife or Husband —		—		—	
Father's Name <i>Elmer Jones</i>		Father's Birthplace <i>Tolbot Co</i>		—		—	
Mother's Maiden Name <i>Bessie Price</i>		Mother's Birthplace —		—		—	
Name of person giving information <i>Paul Price</i>		How related to deceased <i>Niece</i>		—		—	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>3 days</i>
Immediate <i>Congestion of brain</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. E. P. M.</i>
	Address <i>H. Michards</i>
	<i>Mich.</i>
Accident or Suicide?	



Name
in
Full

Edwin F. Jump

CERTIFICATE OF DEATH

Died at *Near Gordon* *Talbot* County *MARYLAND*Date of death *1907* *Aug* *4* Age *73* Months *—* Days *—*Sex *Male* Color or Race *White* Birth place *Talbot Co*Occupation *Farmer* Where Residing if not at place of death *—*Married, Single or Widowed *Married* Name of Wife or Husband *Maria P. Jump*Father's Name *Chas M. Jump* Father's Birthplace *Caroline's*Mother's Maiden Name *Margaret Plath* Mother's Birthplace *"*Name of person giving information *Howard Jump* How related to deceased *Son*

CAUSES OF DEATH

(41)

Primary *Intestinal Coreinoma* How long *6 months*Immediate *General Aesthenia* How long *3 days*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *P. L. Travis*Address *Boston Mass*Accident or Suicide? *—*



Name
in
Full

Henry Matthews Kottcamp

CERTIFICATE OF DEATH

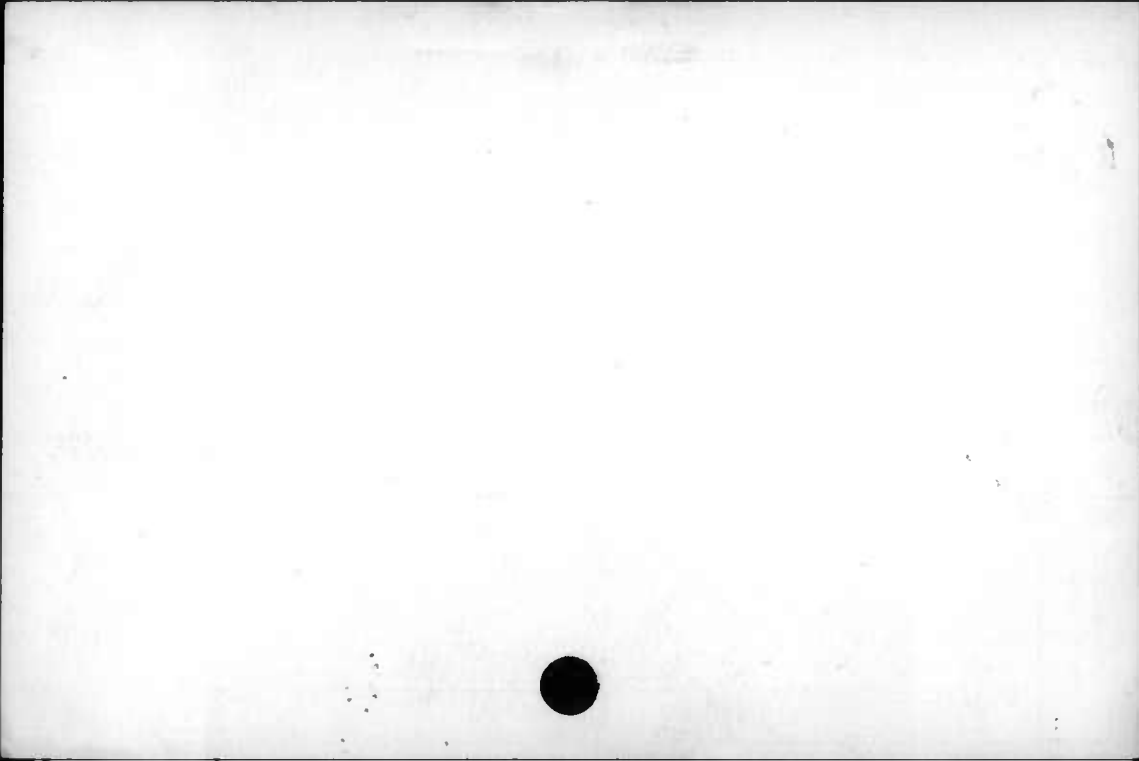
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Easton</u> <small>Town</small>		<u>Talbot</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u>	<u>August</u> <small>Month</small>	<u>sixth</u> <small>Day</small>	<u>Age</u> <small>Years</small>	<u>four</u> <small>Months</small>	<u>Sixteen</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Easton</u>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Samuel J. Kottcamp</u>		Father's Birthplace <u>York Pa.</u>			
Mother's Maiden Name <u>M. Florence Matthews</u>		Mother's Birthplace <u>Talbot Co. Md</u>			
Name of person giving information <u>S. J. Kottcamp</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Enterocolitis</u>	(105)	How long <u>3 Mins</u>
Immediate <u>Euphorism</u>		How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Jos. Bennett</u>	Address <u>Exeter, Md</u>
Accident or Suicide?		



Name
in
Full

Flanner B Lane

CERTIFICATE OF DEATH

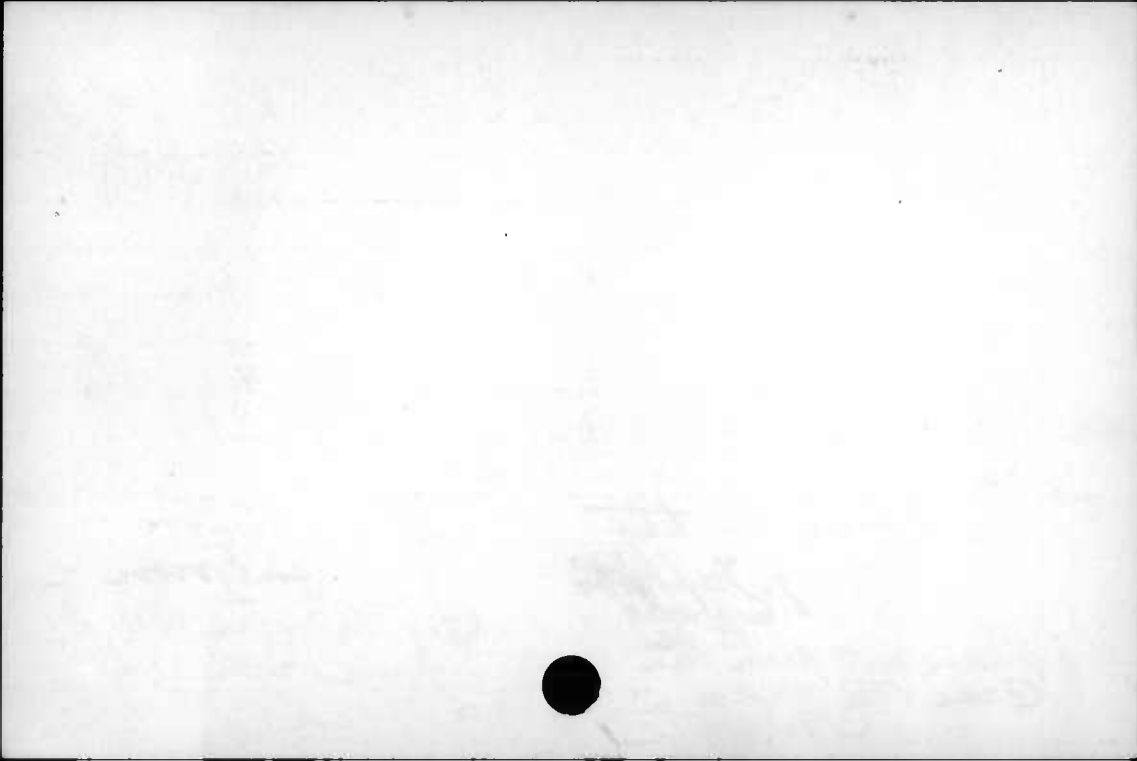
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Easton		County Tallor		MARYLAND	
Date of death		1907	Month Aug	Day 25	Age 1	Years	Months 5
Sex Female		Color or Race white		Birth place Baltimore			
Occupation X		Where Residing if not at place of death X					
Married, Single or Widowed X		Name of Wife or Husband X					
Father's Name Leroy Lane		Father's Birthplace Easton					
Mother's Maiden Name Leah Robinson		Mother's Birthplace Oxford					
Name of person giving In formation Leah Lane		How related to deceased mother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	From	(61)	How long	2 days
Immediate	Meningitis		How long	12 hours
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		J. B. Bennett		
Address		Euryay, Md.		
Accident or Suicide?				



Name

in
Full

Anna Maria Madden

CERTIFICATE OF DEATH

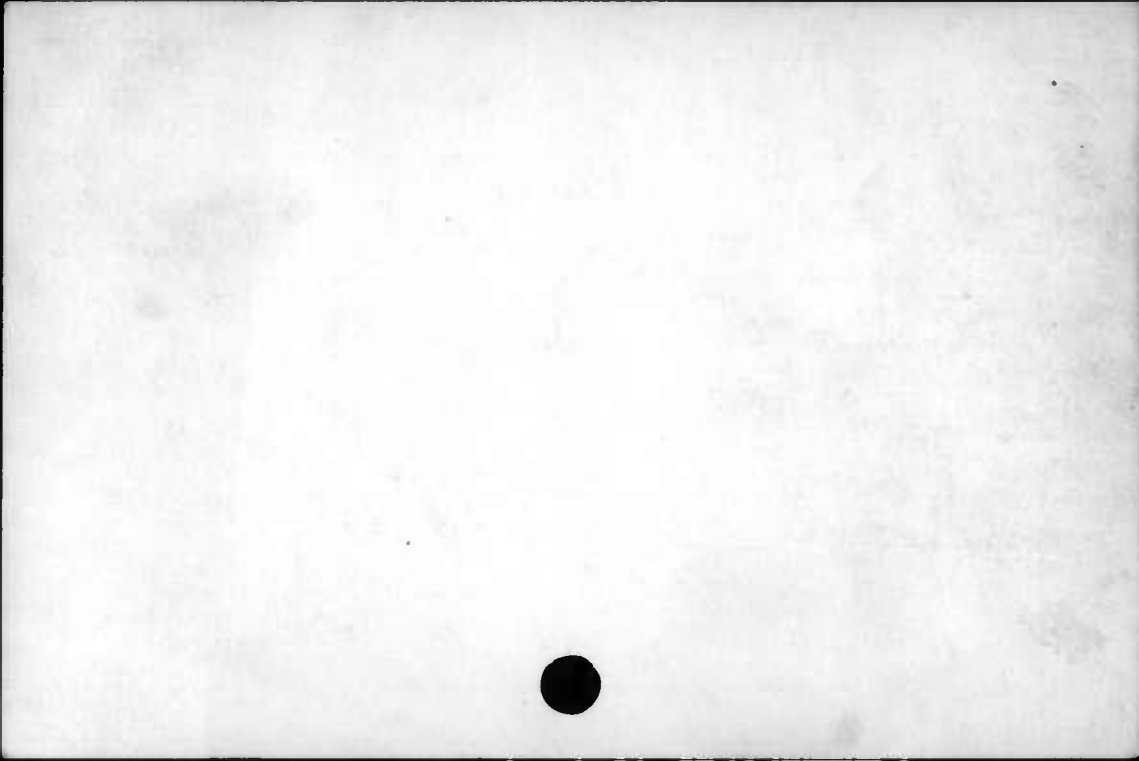
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Cordora</i> ^{Town}		<i>Talbot</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>Aug</i>	Day <i>22</i>	Age <i>80</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Talbot</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Joe Madden</i>		—		
Father's Name <i>—</i>		Father's Birthplace <i>—</i>		—	
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>		—	
Name of person giving information <i>Joe. Sampson</i>		How related to deceased <i>No Relation</i>		—	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Cystitis</i>	How long <i>123</i> <i>Years</i>
Immediate <i>Probably Tuberculosis</i>	How long <i>Unknown</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. M. Euter, M.D.</i>
<i>I have not seen the case this year</i>	Address <i>Cordora Md</i>
Accident or Suicide? <i>C. M. Euter</i>	—



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Julius Miles* Town *St Michaels* County *Salisbury*

Did at *St Michaels*

Date of death *1907 Aug - 2* Month *Aug -* Day *2* Age *—* Years *—* Months *5* Days *21*

Sex *Male* Color or Race *Colored* Birth-place *St Michaels*

Occupation *infant* Where Residing if not at place of death *" "*

Married, Single or Widowed *"* Name of Wife or Husband *—*

Father's Name *John W Miles* Father's Birthplace *" "*

Mother's Maiden Name *Julia Dorris* Mother's Birthplace *" "*

Name of person giving information *Julia Dorris* How related to deceased *Mother*

CAUSES OF DEATH

(105)

PHYSICIAN
OR CORONER

Primary *Dian Loag - Summer Complaint* How long *one day*

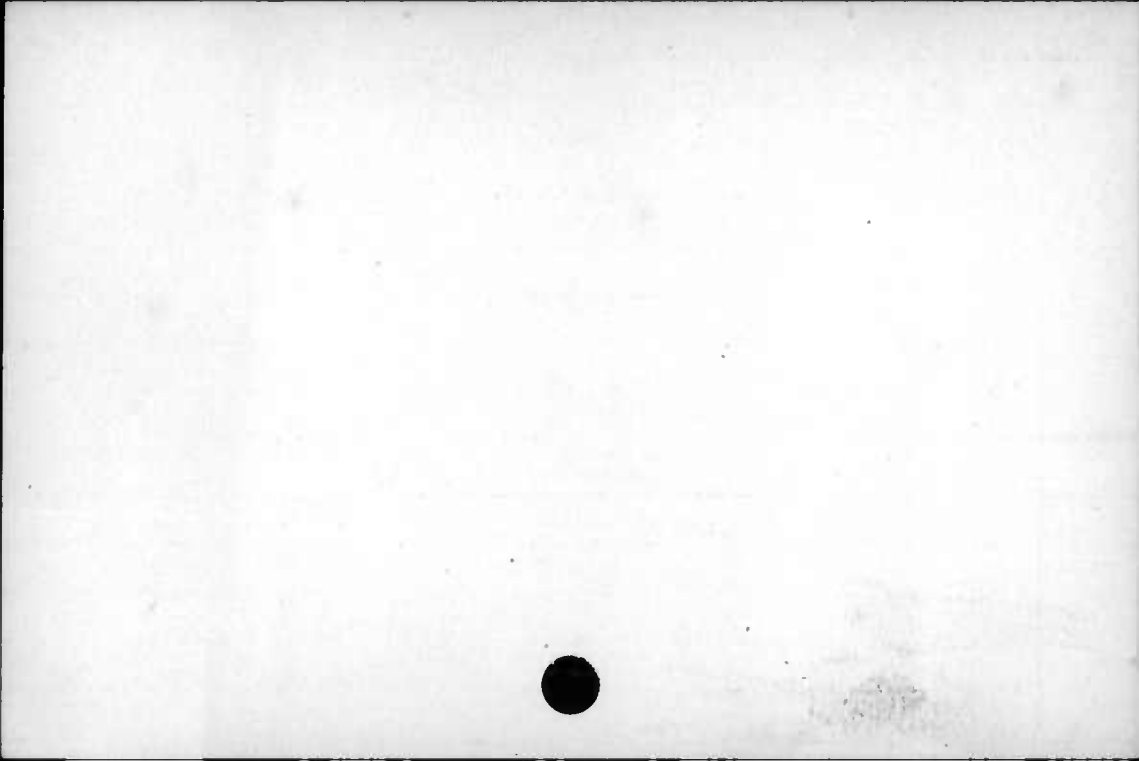
Immediate *Heart failure* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

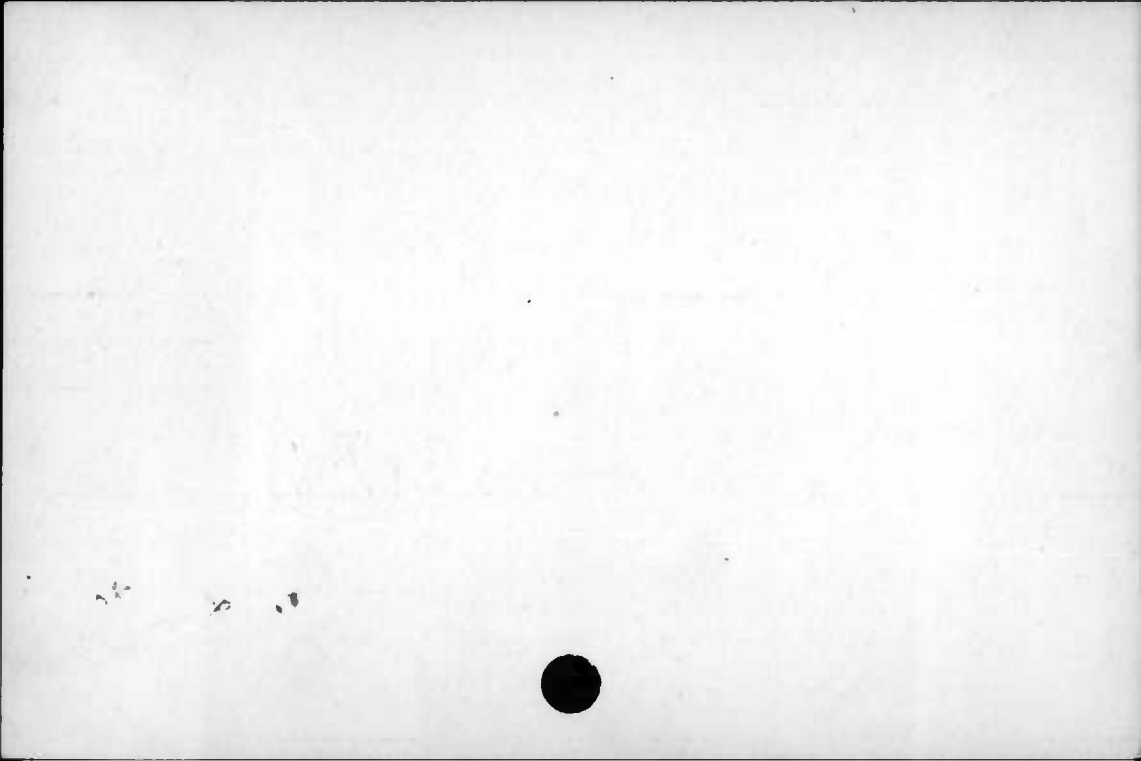
Signature of Physician *J. C. W. Davis*

Address *St Michaels*

Accident or Suicide? *and*



Name in Full		Frank Murray				CERTIFICATE OF DEATH	
Town		Died at near Easton				County	
Date of death		Month		Day		Age	
1907		Aug		26		80	
Sex		Color or Race		Birth-place		Months	
Male		Beach		Jalbot		Days	
Occupation		Where Residing if not at place of death					
Farmer							
Married, Single or Widowed		Name of Wife or Husband					
Widower		Unknown					
Father's Name		Father's Birthplace					
Not known		Not known					
Mother's Maiden Name		Mother's Birthplace					
Not known		Not known					
Name of person giving information		How related to deceased					
James Gibson		No relation					
CAUSES OF DEATH							
Primary		Not sick but died of old age				How long	
Immediate						How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
Yes		No Physician		John B			
		Address		Fairbank Easton Md.			
Accident or Suicide?				Subsequent			



Name
in
Full

Katharine Pardue

CERTIFICATE OF DEATH

Died at Easton ^{Town} Salban ^{County} MARYLANDDate of death 1907 August Eleventh ^{Month} ^{Day} ^{Years} ^{Months} ^{Days} 6 18Sex female Color or Race white Birth-Place EastonOccupation Where Residing if not at place of death

Married, Single or Widowed

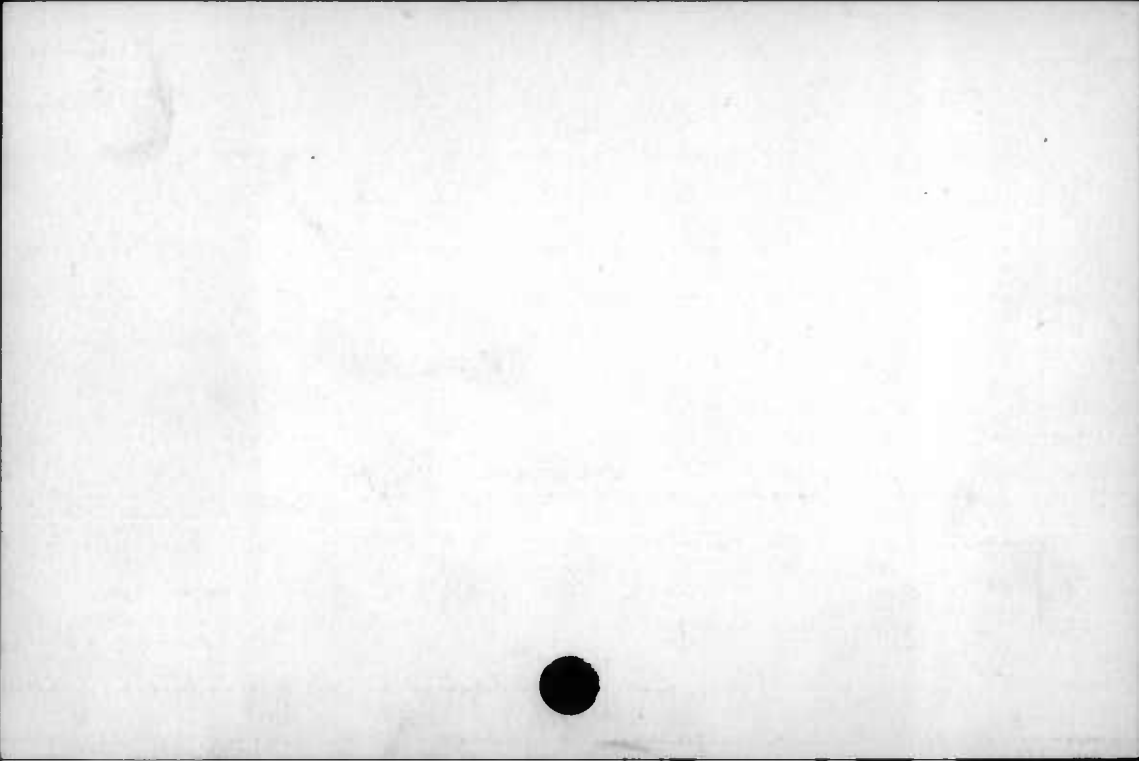
Name of Wife or Husband

Father's Name John S. E. PardueFather's Birthplace SussexvilleMother's Maiden Name Mary Augusta WallsMother's Birthplace CrumptonName of person giving information John S. E. PardueHow related to deceased father

CAUSES OF DEATH

105

Primary Cholera Infantum How long 30 daysImmediate Sub Acute meningitis How long 30 daysAre the name, age, sex, color, date and place correctly given above? yesSignature of Physician Robt. Rayboth M.D.Address Easton, Md.Accident or Suicide? No.TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Thomas A. Payne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

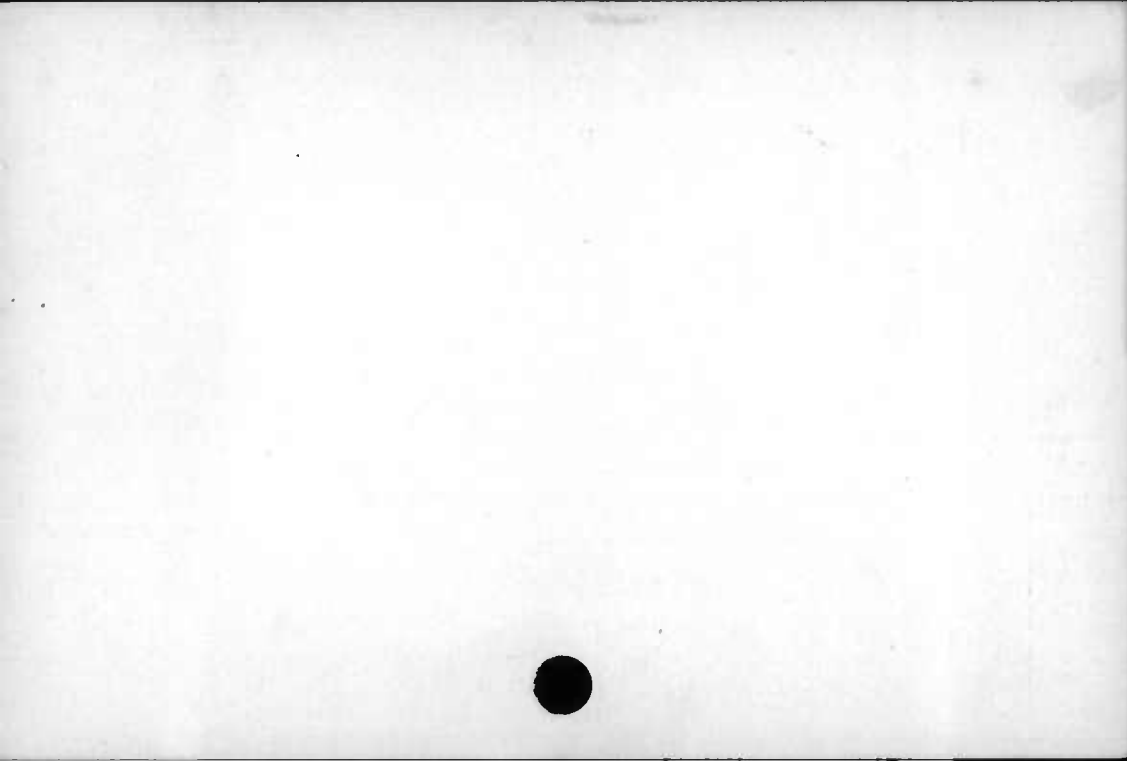
Died at <i>St. Michaels</i> ^{Town} <i>Talbot</i> ^{County}		MARYLAND	
Date of death	190 ^{Month} <i>Aug.</i> ^{Day} <i>29</i> ^{Years} <i>62</i>	Months	Days
Sex	<i>Male</i>	Color or Race	<i>Colored</i>
Occupation	<i>Laborer</i>	Birth-place	<i>Trappe, Md</i>
Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Leah Devons Payne</i>
Father's Name	<i>Jesse Bryer</i>	Father's Birthplace	<i>Trappe</i> ^{Suburban}
Mother's Maiden Name	<i>Mary</i> <i>Payne</i>	Mother's Birthplace	<i>Trappe</i> ^{Suburban}
Name of person giving information	<i>Leah Payne</i>	How related to deceased	<i>Widow</i>

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary	<i>Carcinoma of Stomach</i>	How long	<i>About 6 months</i>
Immediate	<i>Respiratory Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. Skope MD</i>
		Address	<i>St Michaels</i> <i>Md.</i>
Accident or Suicide?			



Name
in
Full

M. Deloras Porter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

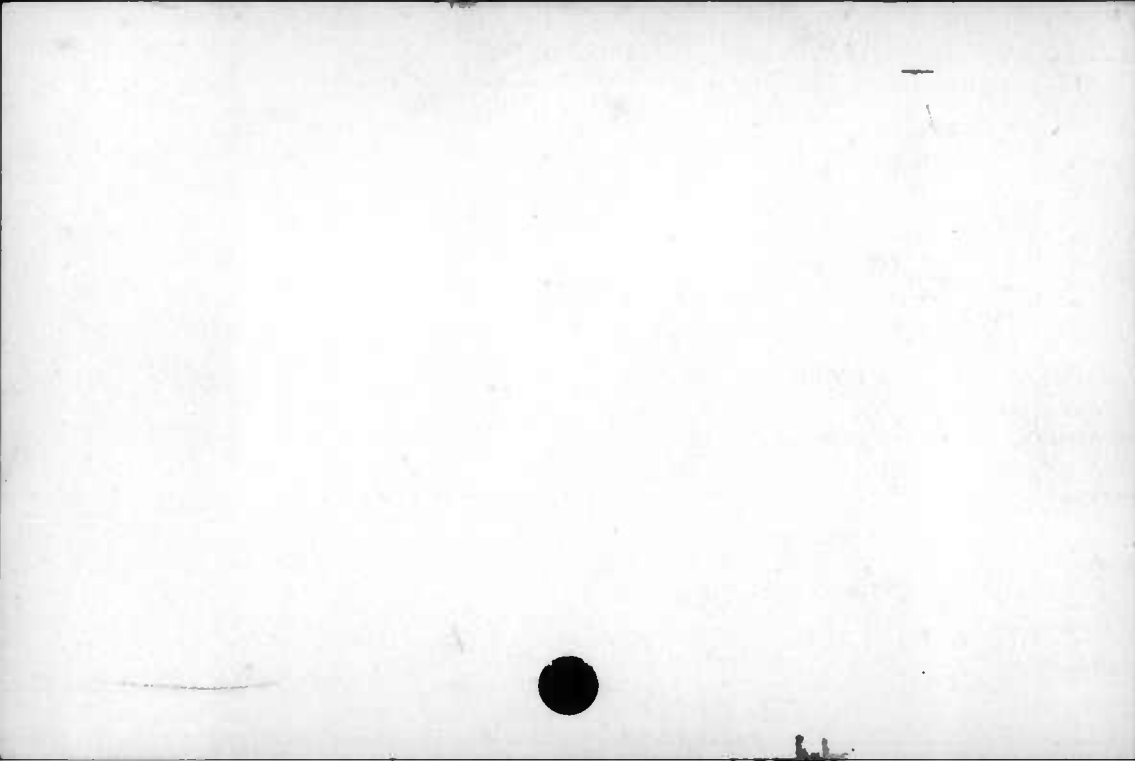
Died at		Town <i>St. Michaels</i>		County <i>Talbot</i>		MARYLAND	
Date of death	1907	Month	Aug	Day	26	Years	Age
Sex		Female		Color or Race		White	
Occupation		—		Birth-place		Green Gun Co	
Where Residing if not at place of death				—			
Married, Single or Widowed		—		Name of Wife or Husband		—	
Father's Name		Vernon Porter		Father's Birthplace		Md.	
Mother's Maiden Name		Eveline Alexander Porter		Mother's Birthplace		Md.	
Name of person giving information		Eveline Alexander Porter		How related to deceased		mother	

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>4 months</i>
Immediate	<i>Gastric Asthenia</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>H. E. Zipp</i>	
Address		<i>St. Michaels</i>	
Accident or Suicide?		Md.	



Name
in
Full

Married

Prahl

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

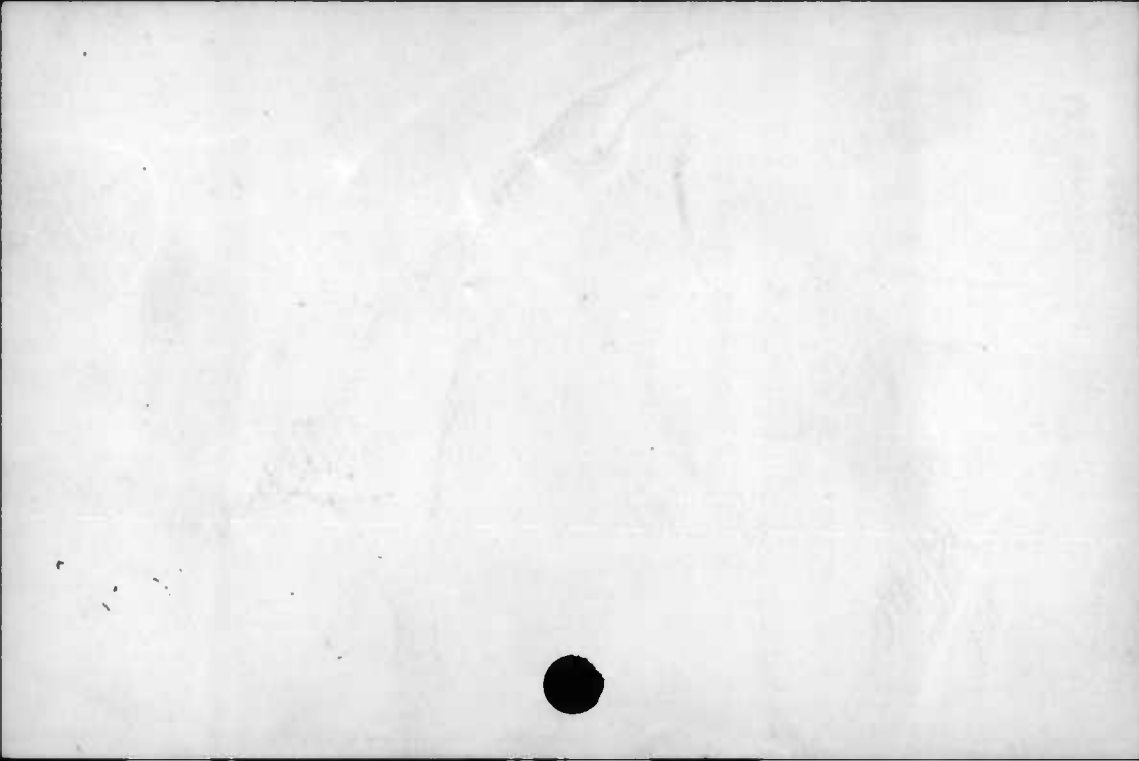
Died at		Town Horton		County Fallout		MARYLAND	
Date of death	1907	Month Aug.	Day 29	Age	Years	Months 1	Days
Sex	Female		Color or Race	White		Birth-place	Trappe Md.
Occupation				Where Residing if not at place of death		Horton Md.	
Married, Single or Widowed			Name of Wife or Husband				
Father's Name	Erich Prahl				Father's Birthplace	Germany	
Mother's Maiden Name	Lilly Grunk andt				Mother's Birthplace	Lewistown Md.	
Name of person giving information	Erich Prahl				How related to deceased	Father	

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	Inflammation of Stomach	How long	2 months
Immediate	Physical exhaustion	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. M. E. E. E. E. E.
		Address	Horton Md.
Accident or Suicide?			



Name
in
Full

Mary Elizabeth Reddie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

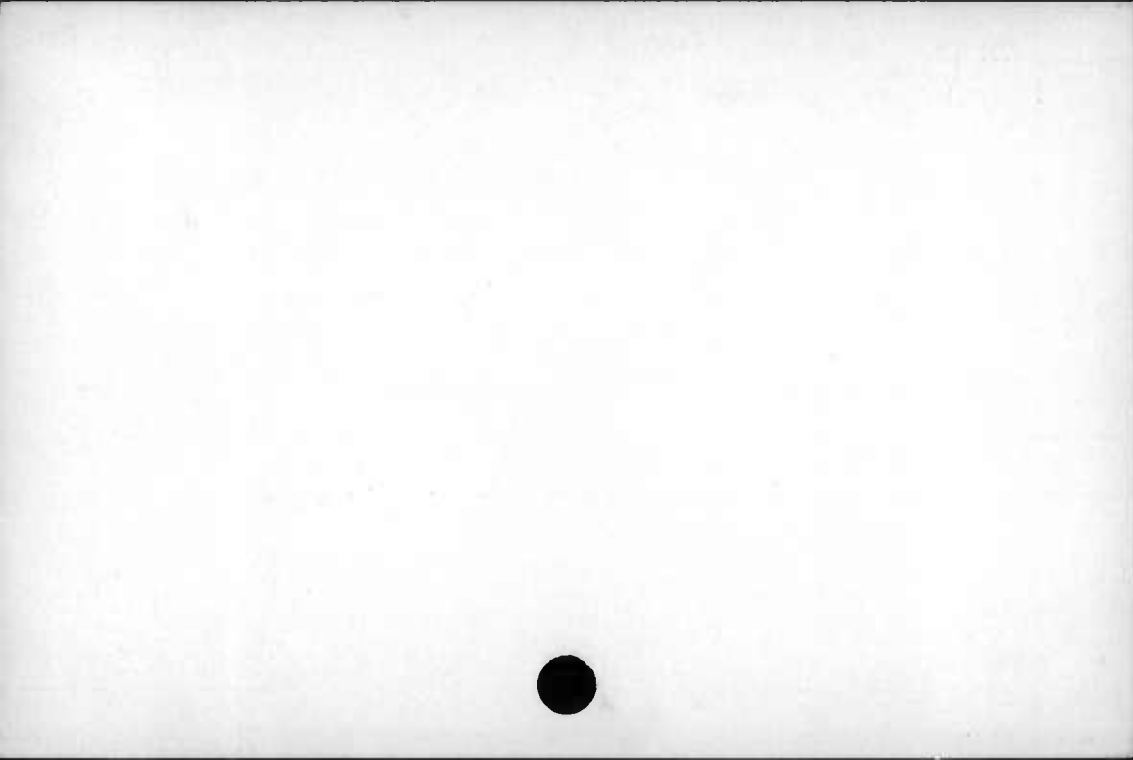
Died at		Town <i>Easton</i>		County <i>Taiboo</i>		MARYLAND	
Date of death		Month <i>aug.</i>	Day <i>18</i>	Age <i>1</i>	Years <i>1</i>	Months <i>—</i>	Days <i>7</i>
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Easton Md.</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>William Reddie</i>				Father's Birthplace <i>Taiboo County</i>			
Mother's Maiden Name <i>Miss Gale</i>				Mother's Birthplace <i>Easton Md.</i>			
Name of person giving information <i>William Reddie</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary	<i>Acute Nephritis & Lauxtim</i>	How long <i>8 days</i>
Immediate		How long <i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yrs</i>		Signature of Physician <i>Chas. F. Davidson</i>
		Address <i>Easton Md.</i>
Accident or Suicide?		



Name
in
Full

Geo. Wash. Roberts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

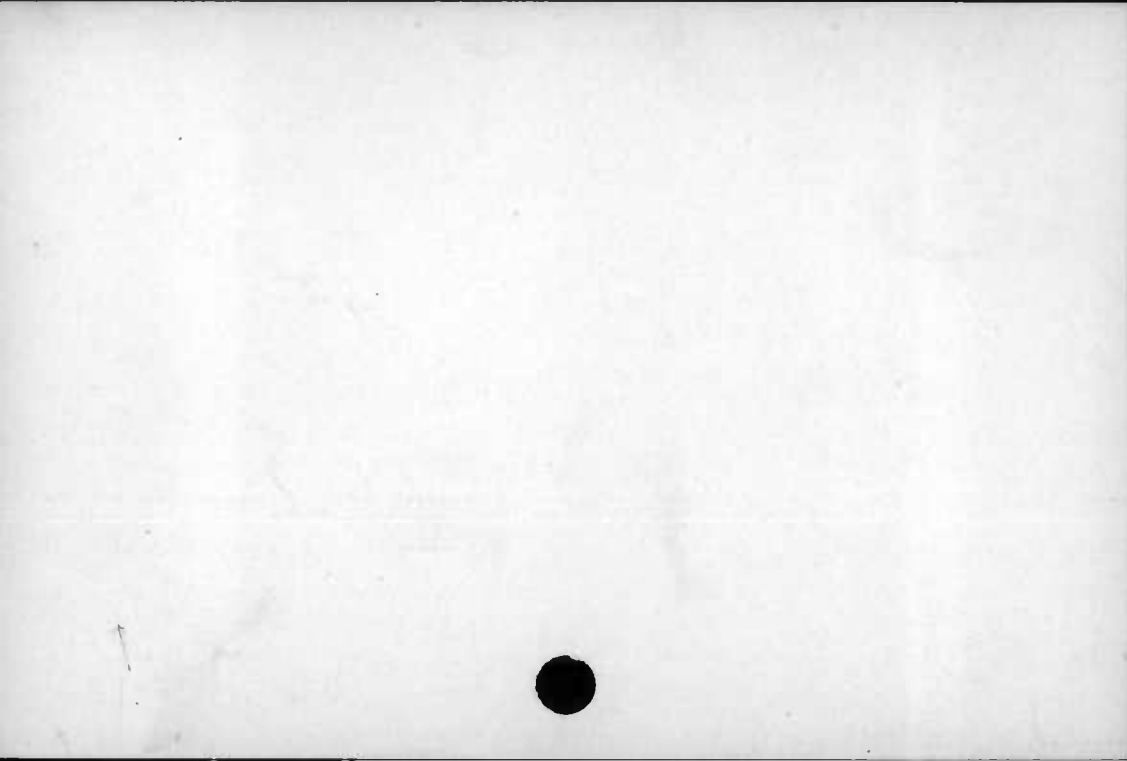
Died <u>near Euston</u> <small>Town</small>		<u>Tullent</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u>	Month <u>aug</u>	Day <u>17</u>	Age <u>—</u>	Years <u>—</u>	Months <u>1</u>
Sex <u>Male</u>		Color or Race <u>Blk</u>		Birth-place <u>Ms</u>	
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Walter E. Roberts</u>		Father's Birthplace <u>Ms</u>		Mother's Birthplace <u>Ms</u>	
Mother's Maiden Name <u>Ruby Howard</u>		How related to deceased <u>Father</u>			
Name of person giving information <u>W. E. Roberts</u>					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <u>Indigestion</u>	How long <u>1 mo</u>
Immediate <u>Enterocolitis</u>	How long <u>1 "</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>B. Roberts</u>
	Address <u>Euston Ms</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

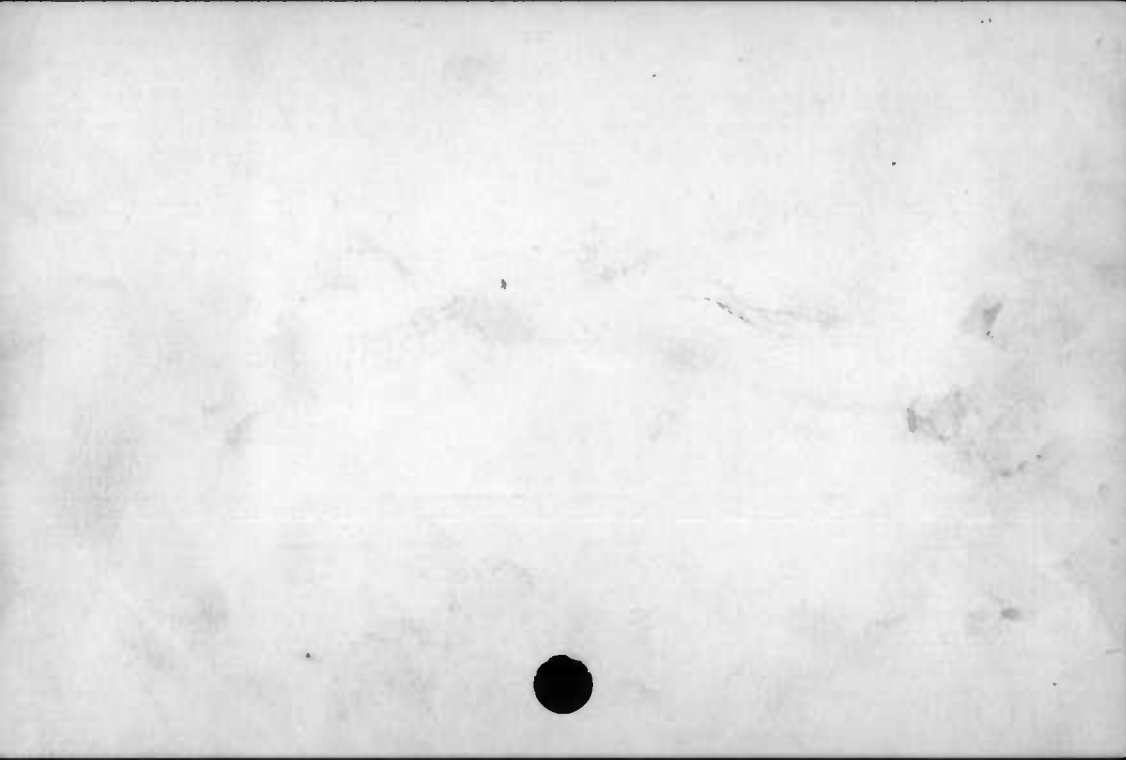
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Newford</u> <small>Town</small>		<u>Sayman</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u>	Month <u>Aug</u>	Day <u>1</u>	Age <u>1</u>	Years <u>1</u>	Months <u>1</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth place <u>Tulhatch Co</u>			
Occupation <u>Infant</u>	Where Residing if not at place of death <u>Tulhatch Co</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Charles E. Sayman</u>				
Father's Name <u>Charles E. Sayman</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Susie Hickey</u>	Mother's Birthplace <u>Ind</u>				
Name of person giving information <u>C. S. Sayman</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Weakness</u>	<u>104</u> <small>How long</small>	<u>7 days</u>
Immediate <u>Asphyxiation</u>	<u>2</u> <small>How long</small>	<u>"</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>[Signature]</u>	
	Address <u>Barren</u>	
Accident or Suicide?		



Name
in
Full

Lawrence Lee Thomas Sinclair

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

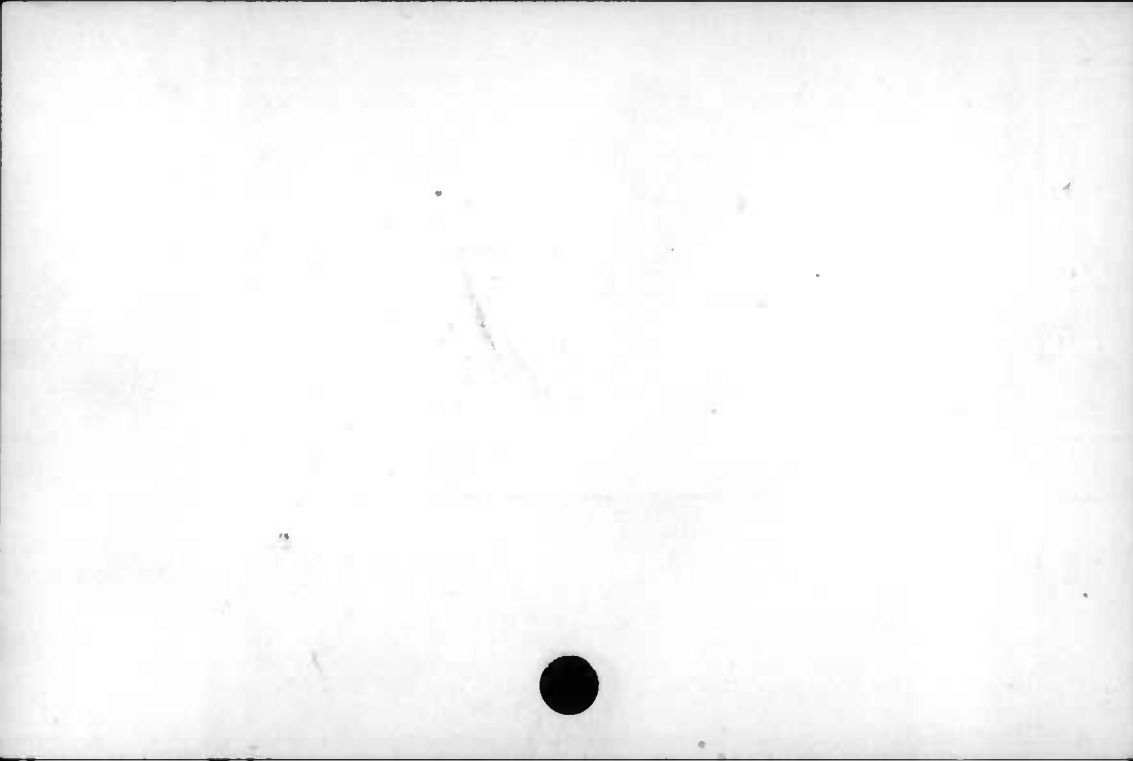
Died at <i>Town</i> <i>Lilyman</i>		<i>County</i> <i>Dalbott</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Aug</i>	Day <i>12</i>	Age <i>—</i>	Years <i>—</i>	Months <i>7</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Lilyman Md</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Alexander James Sinclair</i>			Father's Birthplace <i>Lilyman Md</i>		
Mother's Maiden Name <i>Osa Seluda Rude</i>			Mother's Birthplace <i>Va</i>		
Name of person giving information <i>Helon Rude</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Typhoid</i>	How long <i>—</i>
Immediate <i>Enterocolitis</i>	How long <i>1 mo.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. Kennedy Wilson</i>
<i>no</i>	Address <i>Lilyman Md</i>
Accident or Suicide? <i>no</i>	



Name In Full

Certificate of Death

Royce Slaughter

Town

County

Died near

Trappe

Talbot

MARYLAND

Date 1907

Month

Day

Y.

M.

D.

Native of

Occupation

8

22

Age

3

27

Talbot Co.

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Hughes Slaughter

Mother's

Maiden Name

Rennie Hutchinson

Cause of

Primary

Cholera Infantum

How long sick

18 days

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

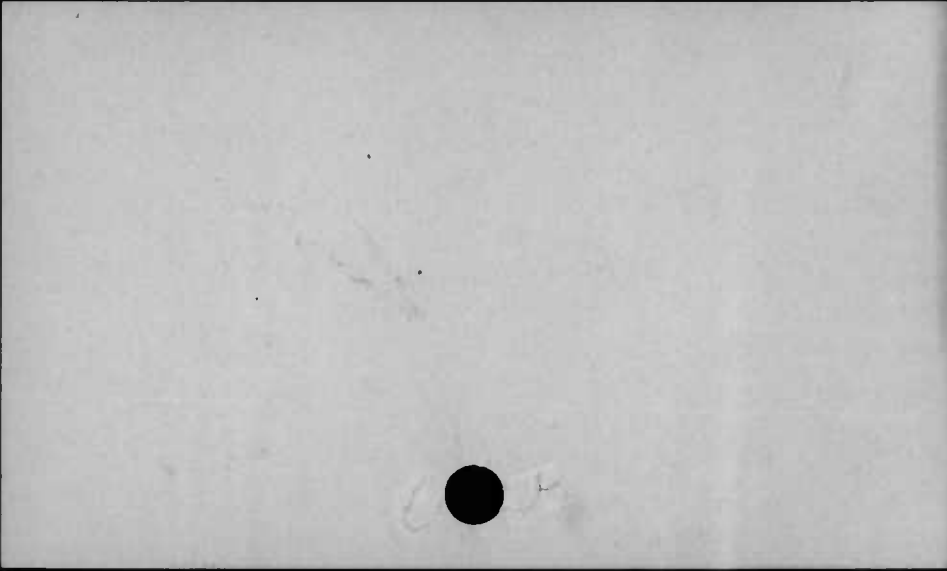
Joseph A Ross Jr

Address

Trappe Talbot Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895



Name
in
Full

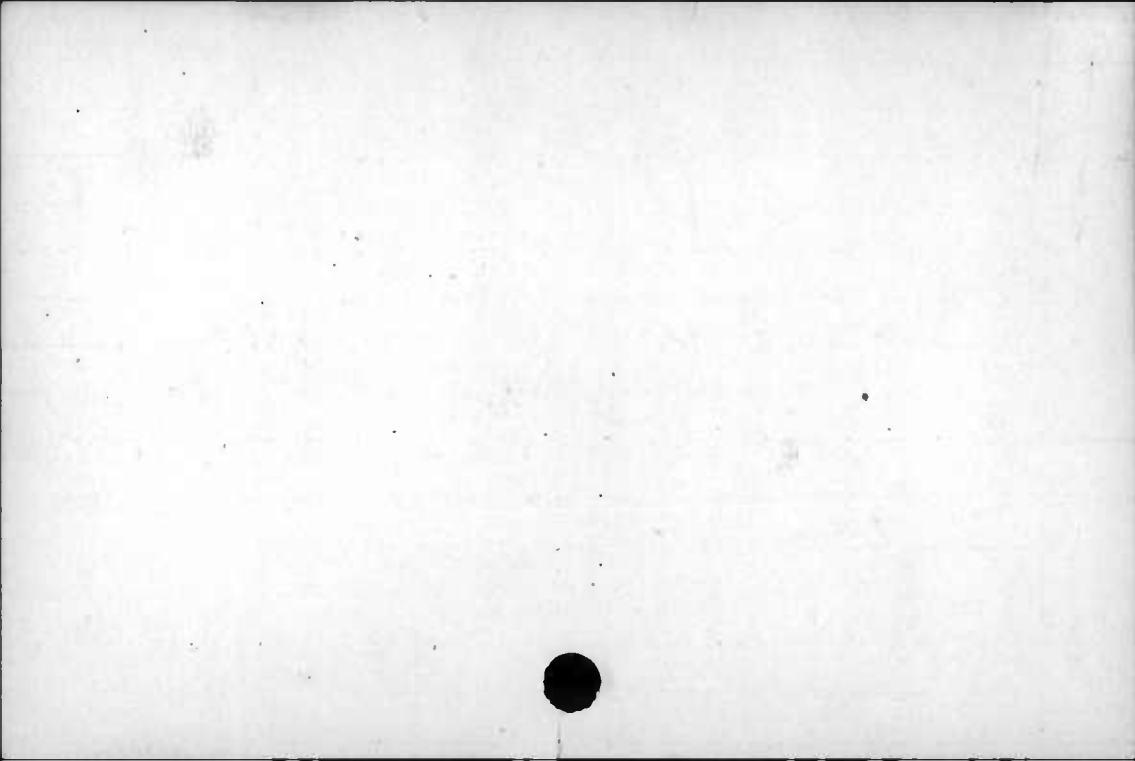
Royce Slaughter

CERTIFICATE OF DEATH

Died near <i>Tuppe</i> ^{Town}		<i>Talbot</i> ^{County}		MARYLAND	
Date of death	1907	Month	8	Day	22
Age	Years		Months	3	Days
Sex	<i>Male</i>		Color or Race	<i>Negro</i>	
Occupation	<i>None</i>		Birth-place	<i>Talbot Co Md</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>Delphus Slaughter</i>		Father's Birthplace	<i>Talbot Co Md</i>	
Mother's Maiden Name	<i>Alma Hutchinson</i>		Mother's Birthplace	<i>Talbot Co Md</i>	
Name of person giving information	<i>" "</i>		How related to deceased	<i>Mother</i>	

CAUSES OF DEATH

Primary	<i>Cholera Infantum</i>	How long	<i>18 days.</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Joseph A. Ross M.D.</i>
		Address	<i>Tuppe, Talbot Co, Md</i>
Accident or Suicide?			



Name
in
Full

Janus Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

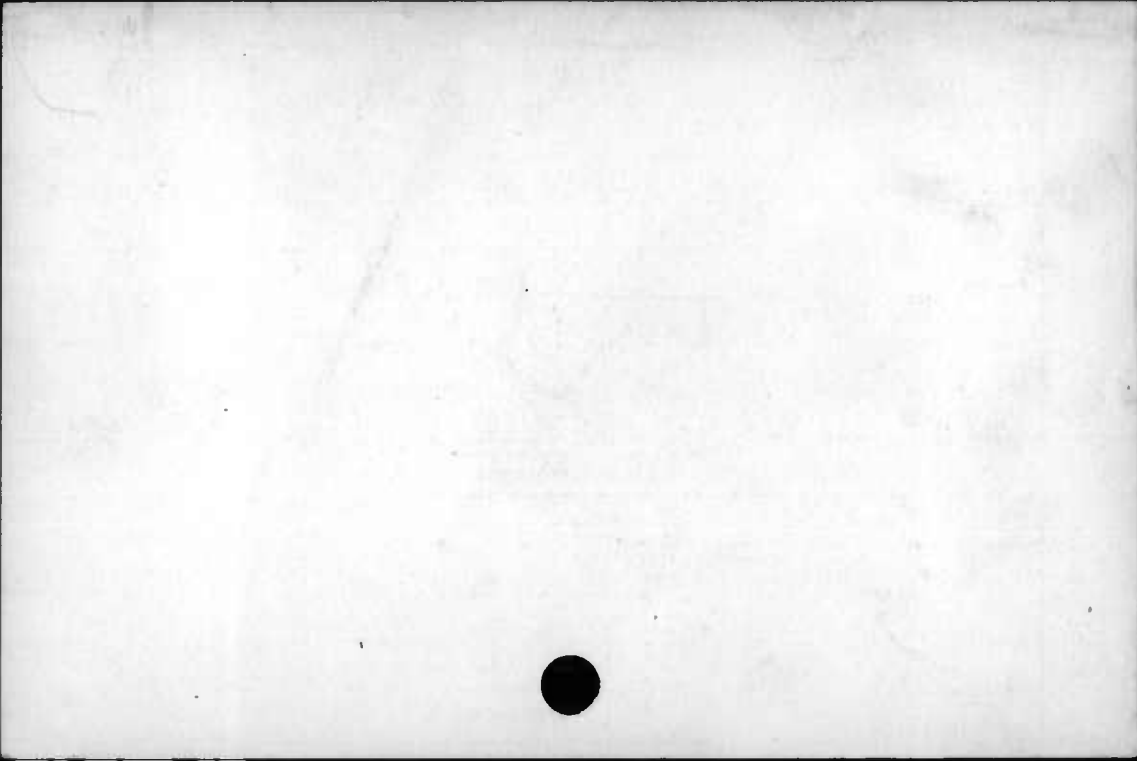
Died at <u>Lochaff</u> <small>Town</small>		<u>Talbot</u> <small>County</small>		MARYLAND	
Date of death <u>1907 Aug</u> <small>Month</small>		<u>29</u> <small>Day</small>		<u>72</u> <small>Age</small>	
Sex <u>Male</u>		Color or Race <u>Black</u>		Birth place <u>Talbot</u>	
Occupation <u>Farmer</u>		Where Residing if not at place of death <u>Chapel</u>			
Married, Single or Widowed		Name of Wife or Husband <u>Mary Smith</u>			
Father's Name <u>Fred Smith</u>		Father's Birthplace <u>Talbot</u>			
Mother's Maiden Name <u>Mary Janus</u>		Mother's Birthplace <u>Royal Oak</u>			
Name of person giving information <u>Mary Smith</u>		How related to deceased <u>Wife</u>			

CAUSES OF DEATH

91

PHYSICIAN
OR CORONER

Primary	<u>Chronic Bronchitis</u>	How long <u>Three years</u>
Immediate	<u>Asthma</u>	How long <u>Six months</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>C. M. Stillman, M.D.</u>
		Address <u>Cordova Md.</u>
Accident or Suicide?		



Name
in
Full

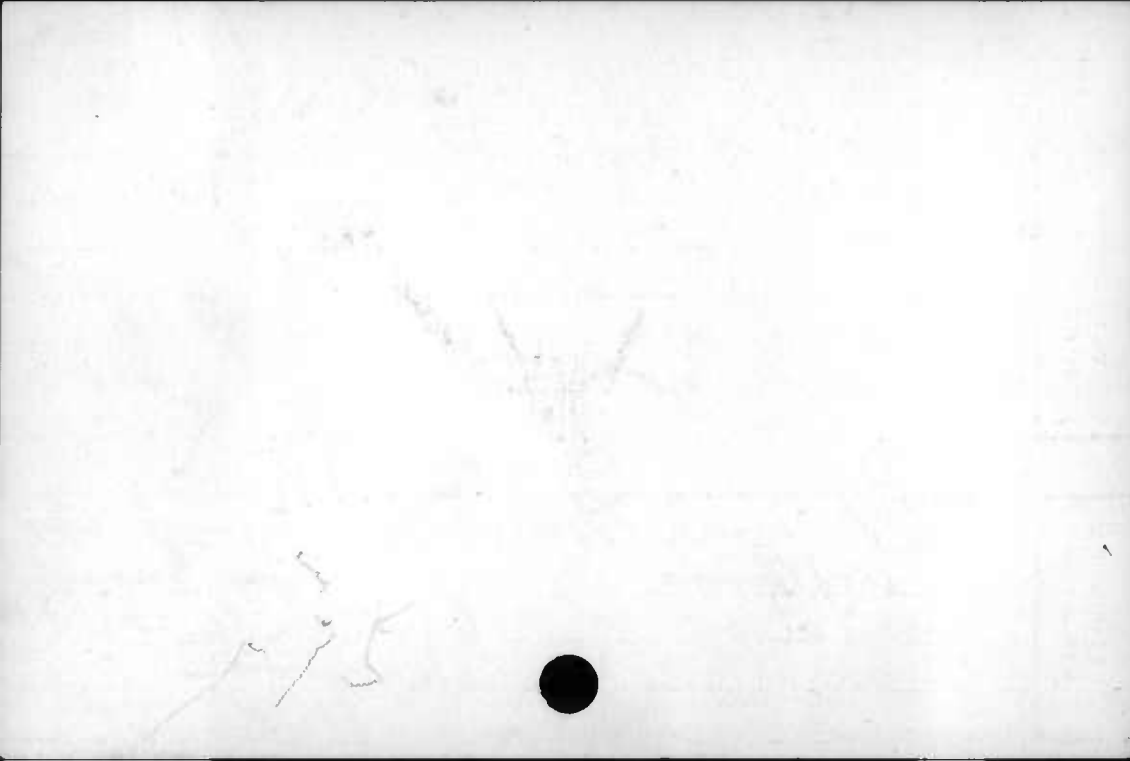
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Aug	22	38		1	27
Sex	Female	Color or Race	Colored	Birth-place	Talbot Co		
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married			Name of Wife or Husband			
Father's Name		Cyrus Brooks		Father's Birthplace		Talbot Co.	
Mother's Maiden Name		Alice Barrow		Mother's Birthplace		Talbot Co.	
Name of person giving information		James Smith		How related to deceased		Husband	

CAUSES OF DEATH

Primary	Acute Nephritis	How long	11/9	1 month
Immediate	Cardiac Failure	How long		
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		J. A. Hope M.D.		
Address				
Accident or Suicide?				



Name
in
Full

George. Mc. Cellan Streets
Town Trappe County Talbot

CERTIFICATE OF DEATH

MARYLAND

Died near	Town	County		
Date of death	Month	Day	Age	Months
1907	8.	19-	45	15
Sex	Color or Race	Birth-place		
Male	White	Talbot Co. Md		
Occupation	Where Residing if not at place of death			
Farmer	Same County			
Married, Single or Widowed	Name of Wife or Husband			
Single				
Father's Name	Father's Birthplace			
Edward Barnes Streets	New Castle Co. Del			
Mother's Maiden Name	Mother's Birthplace			
Catherine Cashperson	" " "			
Name of person giving information	How related to deceased			
Mrs Geo C. Staughton	Sister			

CAUSES OF DEATH

Primary	Pulmonary Tuberculosis & complications.	How long	27	How long	2 years
Immediate	Exhaustion				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
Yes		Joseph A. Ross M.D.			
		Address			
		Trappe, Md			
Accident or Suicide?					



Name
in
Full

F. Travis Owen Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Easton		County Taduss		MARYLAND	
Date of death		1907	Month Aug	27	Day	3	Months
				Age	1	Years	24
Sex		Male		Color or Race		White	
Occupation				Where Residing if not at place of death		1 X	
Married, Single or Widowed		X		Name of Wife or Husband		X	
Father's Name		Richard O Thomas				Father's Birthplace	
						Easton Md	
Mother's Maiden Name		Loach V Cheyney				Mother's Birthplace	
						Easton	
Name of person giving In formation		Richard O Thomas				How related to deceased	
						Father	

CAUSES OF DEATH

Primary	Enter - Colitis	How long	2 mos
Immediate	Exhaustion	How long	10 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		Easton Md	
Accident or Suicide?			



Name
in
Full

George T. Warner

CERTIFICATE OF DEATH

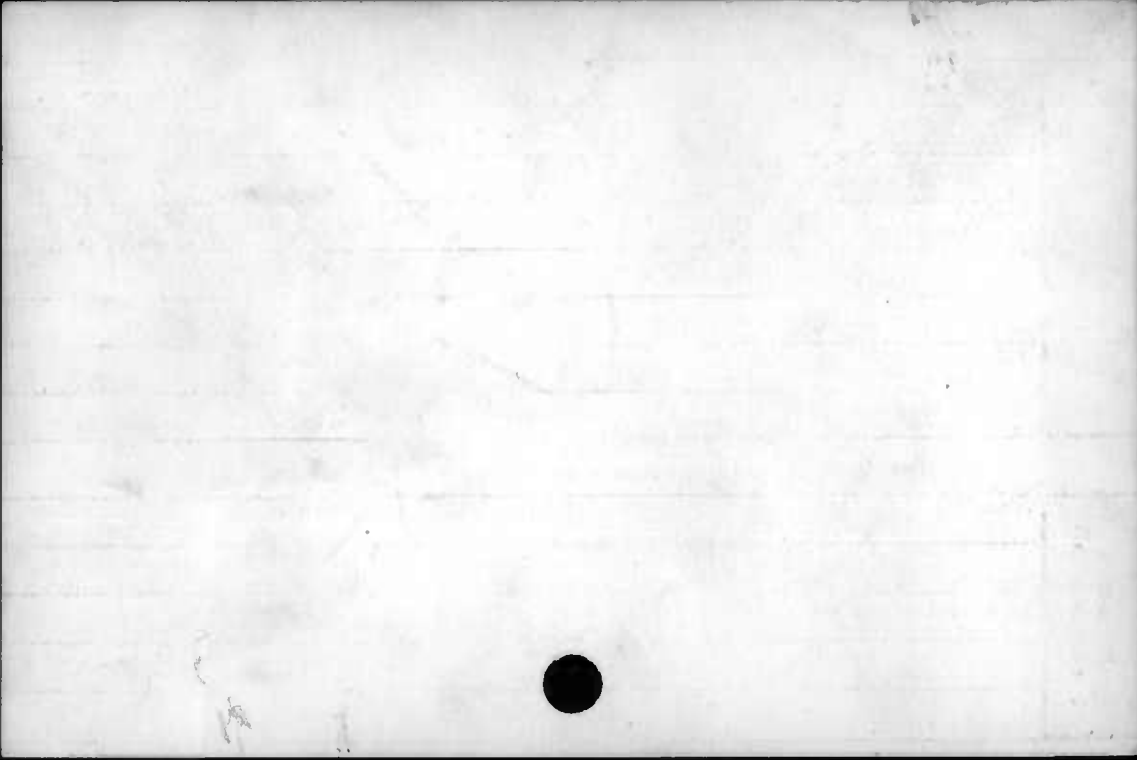
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Oxford		County Talbot		MARYLAND	
Date of death		1907	Month Aug.	Day 6	Years 54	Months	Days
Sex male		Color or Race		negro		Birth- place Chapel. Md	
Occupation Laborer				Where Residing if not at place of death Oxford Md.			
Married, Single or Widowed		Married		Name of Wife or Husband		Mary E. Warner	
Father's Name		unknown		Father's Birthplace		unknown	
Mother's Maiden Name		unknown		Mother's Birthplace		unknown	
Name of person giving Information		Mary E. Warner		How related to deceased		Wife	

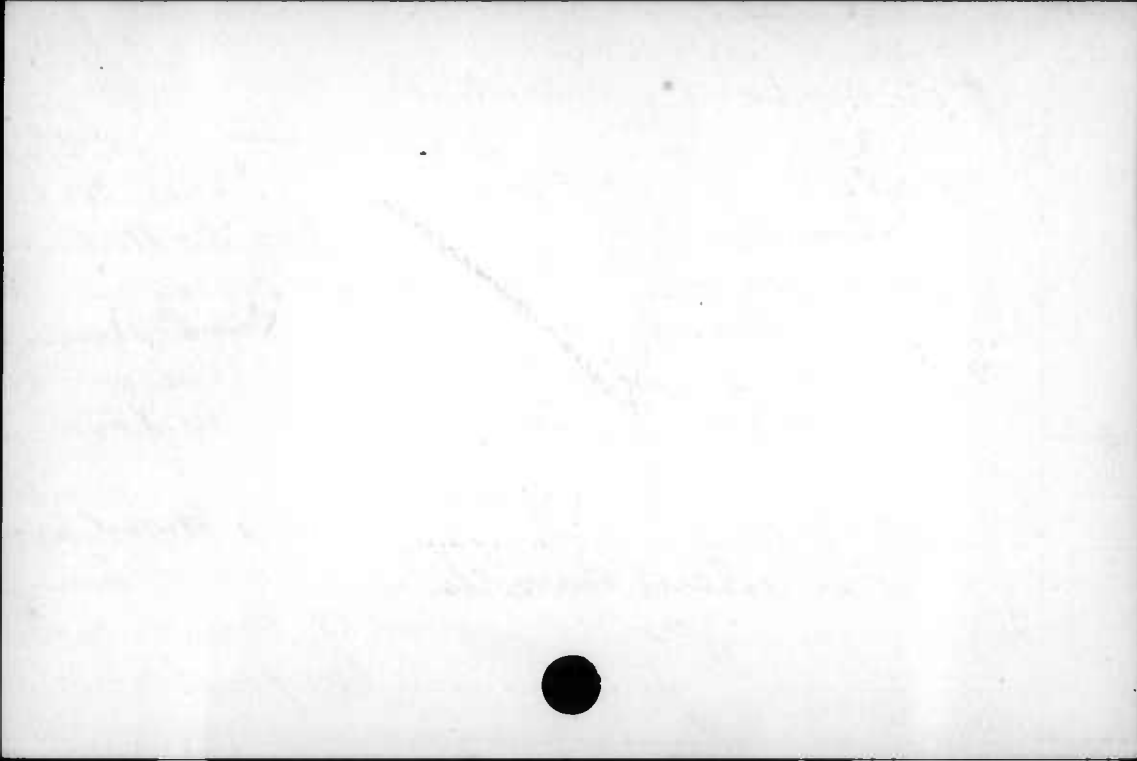
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Grippe	How long	5 months
Immediate	Purulent Bronchitis	How long	6 weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Wm A Davis MD	
Address		Oxford. Md.	
Accident or Suicide?			



Name in Full		Town				County		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>McDaniel</i>				<i>Talbot</i>		MARYLAND					
		Date of death <i>1907</i>		Month <i>August</i>		Day <i>31st</i>		Years <i>1.01</i>		Months <i>8</i>		Days <i>12</i>	
		Sex <i>Male</i>				Color or Race <i>Black</i>		Birth-place <i>Talbot Co.</i>					
		Occupation <i>Laborer</i>				Where Residing if not at place of death <i>McDaniel, Md</i>							
		Married, Single or Widowed <i>Widowed</i>				Name of Wife or Husband <i>Mrs. Mary Jane Jackson</i>							
		Father's Name <i>James Wells</i>				Father's Birthplace <i>Talbot Co.</i>							
		Mother's Maiden Name <i>Unknown</i>				Mother's Birthplace <i>Unknown</i>							
		Name of person giving information <i>Charlotte A. Smith</i>				How related to deceased <i>Daughter</i>							
		CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary <i>Senile Debility</i>				How long <i>6 months</i>		(154)					
		Immediate <i>General Debility</i>				How long <i>2 weeks</i>							
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>H. J. [illegible]</i>							
		<i>yes</i>				Address <i>St. Michaels Md</i>							
		Accident or Suicide?											



Name
in
FullMrs. *Rogelia Hill Whelstone*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hope Farm near Easton Talbot</i>		Town <i>Talbot</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>August</i>	Day <i>11th</i>	Age <i>76</i>	Years	Months <i>11</i>	Days <i>30</i>	
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Cincinnati, Ohio</i>				
Occupation <i>Lady</i>	Where Residing if not at place of death <i>Lansdowne, Penna.</i>						
Married, Single or Widowed <i>widow</i>	Name of Husband <i>Franklin D. Whelstone 2nd</i>		<i>1st husband</i>				
Father's Name <i>Jonathan Woodruff</i>	Father's Birthplace <i>Kauway, N.Y.</i>						
Mother's Maiden Name <i>Rachel Willis</i>	Mother's Birthplace <i>Kauway, N.Y.</i>						
Name of person giving information <i>Franklin L. Whelstone</i>	How related to deceased <i>Step-son</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cirrhosis of Liver</i>	How long <i>not known</i>
Immediate <i>Exhaustion</i>	How long <i>few wks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas. F. Sanders</i>
	Address <i>Easton Md</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Alfred Tammison Wilson

MARYLAND

Died at ^{Town} Easton ^{County} Talbot

Date of death 1907 Aug 24 Age 28 Months — Days —

Sex Male Color or Race White Birth-place Talbot Co

Occupation Atty at Law Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Alfred Wilson ✓ Father's Birthplace Delaware

Mother's Maiden Name Angie Smith Mother's Birthplace Delaware

Name of person giving information Geo W Wilson How related to deceased Brother

CAUSES OF DEATH

Primary Typhoid Fever How long 3 weeks.

Immediate Hypostatic Pneumonia How long 36 hours.

Are the name, sex, color, date and place correctly given above? yes

Signature of Physician P. L. Traover.

Address Easton - Md.

Accident or Suicide?

